

THE EXPERIENCES OF INTERPRETERS WORKING IN A MEDIUM SECURE FORENSIC MENTAL HEALTH UNIT: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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DEDICATION

I would like to dedicate my thesis to my Grandma, who overcame her own language barrier and went on to become the most inspirational person in my life. I miss you every day.

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I would like to express my gratitude to all the interpreters who volunteered to take part in my research, and especially to those who participated. Thank you for sharing your experiences with me, this would not have been possible without you.

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ABSTRACT

People from ethnic minorities are vastly over-represented within forensic mental health services in the UK and Wales. Within one medium secure forensic mental health unit (MSU) in London, 20.48% of patients detained in March 2012 did not speak English. Extensive legislation prescribes that there must be equal access for all to health services. Due to the paucity of bilingual workers, interpreters are a necessity. There are significant gaps in the research literature about the work of interpreters in forensic mental health. The current study set out to explore the experiences and understandings of interpreters who have undertaken interpreting jobs in a MSU. Six interpreters were interviewed using semi-structured interviews, and their accounts analysed using Interpretative Phenomenological Analysis (IPA).

Five super-ordinate themes were identified: (1) Setting the scene: Medium secure forensic mental health units, (2) Unrecognised professional identity, (3) The MSU interpreters: A superior professional excellence or mere mortals?, (4) 'Catch-22' and (5) The MSU interpreter and the MSU patient. The results draw together the participants' phenomenological experiences of working in a MSU, portraying the uniqueness of the MSU environmental setting; the disparaging ways in which the participants perceive that they are viewed; the grounds on which they argue for their occupation to be perceived as a recognised profession; the resulting paradoxical situation in which they find themselves; and the relationship aspects of interpreting for a patient who is detained in a MSU.

The study proposes that a means of overcoming the difficulties and conflicts experienced by interpreters working within this setting would inevitably involve the creation of specific and tailored guidelines for other professionals working with interpreters in a MSU; also, the availability of detailed information booklets for interpreters working in a MSU. Further recommendations for mandatory training for both the service provider and the interpreter, and the compulsory provision of support and supervision for interpreters, are proposed.

CONTENTS

DEDICATION	I
ACKNOWLEDGEMENTS	II
ABSTRACT	III
CONTENTS	1
GLOSSARY	4
INTRODUCTION	5
CHAPTER ONE: LITERATURE REVIEW	9
1.1 INTERPRETERS	9
1.1.1 WHY ARE INTERPRETERS NEEDED?	9
1.1.2 MODELS OF INTERPRETING	10
1.1.3 PROFESSIONAL GUIDELINES	12
1.1.4 INTERPRETERS AND MENTAL HEALTH	12
1.1.5 INTERPRETERS AND THE LEGAL SYSTEM	14
1.1.6 SUMMARY	14
1.2 FORENSIC MENTAL HEALTH SERVICES	15
1.2.1 MEDIUM SECURE FORENSIC MENTAL HEALTH UNITS (MSU)	15
1.2.2 THE FORENSIC MENTAL HEALTH PATIENT	16
1.2.3 THE FORENSIC MENTAL HEALTH WORKER	18
1.2.4 INTERPRETERS AND FORENSIC MENTAL HEALTH	20
1.2.5 SUMMARY	21
1.3 THE PSYCHOLOGICAL AND EMOTIONAL WELL-BEING OF THE INTERPRETER	21
1.3.1 VICARIOUS TRAUMA / VICARIOUS POSTTRAUMATIC GROWTH	24
1.3.2 COMPLEX EMOTIONAL REACTIONS	26
1.3.3 THE ROLE OF SUPPORT, SUPERVISION AND TRAINING	27
1.3.4 SUMMARY	29
1.4 RATIONALE FOR CURRENT STUDY	30
1.4.1 RELEVANCE TO COUNSELLING PSYCHOLOGY	31
1.5 AIMS AND RESEARCH QUESTIONS	32
CHAPTER TWO: METHODOLOGY	33
2.1 A QUALITATIVE APPROACH	33
2.2 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)	33
2.2.1 WHY IPA?	34
2.2.2 THEORETICAL PHILOSOPHY	35
2.3 PERSONAL REFLECTIONS ON THE CONCEPTUAL PROCESSES OF THIS STUDY	36
2.4 PARTICIPANTS	37
2.4.1 RECRUITMENT	38
2.4.2 INCLUSION/EXCLUSION	39
2.4.3 THE SAMPLE	40
2.5 CONTEXT	41
2.6 ETHICAL CONSIDERATIONS	42
2.6.1 INFORMED CONSENT	42

2.6.2	CONFIDENTIALITY	42
2.6.3	POTENTIAL DISTRESS	43
2.7	DATA COLLECTION	44
2.7.1	SEMI-STRUCTURED INTERVIEWS	44
2.8	DATA ANALYSIS	45
2.9	VALIDITY AND QUALITY	48
2.9.1	SENSITIVITY TO CONTEXT	48
2.9.2	COMMITMENT AND RIGOUR	49
2.9.3	COHERENCE AND TRANSPARENCY	49
2.9.4	IMPACT AND IMPORTANCE	49
CHAPTER THREE: RESULTS		50
3.1	OVERVIEW	50
3.2	INTRODUCTION TO THE THEMES	51
3.3	THEME ONE: SETTING THE SCENE: MEDIUM SECURE FORENSIC MENTAL HEALTH UNITS.	52
3.3.1	WHERE? WHY?	52
3.3.2	THE UNIQUE PRACTICALITIES OF AN UNIQUE SETTING (A MSU)	54
3.3.3	THE 'NEED TO KNOW' GAP	57
3.3.4	POST SESSION PROCESSING	58
3.3.5	OVERALL, IT MIGHT BE NORMAL FOR YOU, BUT NOT FOR US!	61
3.3.6	SUMMARY	62
3.4	THEME TWO: 'UNRECOGNISED PROFESSIONAL IDENTITY'	62
3.4.1	"YOU'RE JUST AN INTERPRETER. SHUT UP!" (MEHMET: LINES 237-238)	63
3.4.2	"A BIT LIKE I'M NOT WORTH PROTECTING" (VERA: LINE 273)	66
3.4.3	"MOST OF TIME I FEEL LIKE A VOICE MACHINE" (BIBI: LINE 572)	69
3.4.4	SUMMARY	70
3.5	THEME THREE: THE MSU INTERPRETERS: A SUPERIOR PROFESSIONAL EXCELLENCE OR MERE MORTALS?	70
3.5.1	THE CREAM OF THE CROP	71
3.5.2	"YOU NEED MY PROFESSIONAL SERVICES TO BE ABLE TO PROVIDE YOUR SERVICE" (BIBI: LINES 248-249)	72
3.5.3	"BECAUSE TRANSLATION IS NOT JUST ABOUT THE WORDS" (VERA: LINE 127)	74
3.5.4	SUMMARY	76
3.6	THEME FOUR: 'CATCH 22'	76
3.6.1	SUMMARY	82
3.7	THEME FIVE: THE MSU INTERPRETER AND THE MSU PATIENT	82
3.7.1	AN 'ALLY'	83
3.7.2	IN-SESSION RELATIONSHIP	84
3.7.3	MAKING SENSE OF THE OFFENCE	86
3.7.4	SUMMARY	88
CHAPTER FOUR: DISCUSSION		89
4.1	OVERVIEW	89
4.2	THE UNIQUENESS OF THE MSU	90
4.2.1	WHAT IS A MSU?	90
4.2.2	THE MSU ENVIRONMENT	91
4.2.3	THE KEY-HOLDER AND THE KEYLESS	92
4.2.4	THE FREEDOM TO LEAVE, AND THE SEARCH FOR SUPPORT AND SUPERVISION	94
4.3	IRONIC SITUATIONS AND 'CATCH-22s'	95

4.3.1	RECOGNITION AND RESPECT	97
4.3.2	ELITE, SKILLED AND VITAL WORKFORCE	98
4.3.3	UNAVOIDABLE EMOTIONAL REACTIONS	101
4.4	THE RELATIONSHIP WITH THE MSU PATIENT	102
4.4.1	SUPPORT AND SUPERVISION	104
4.5	CRITIQUE OF THE RESEARCH	105
4.6	CLINICAL IMPLICATIONS	109
CONCLUSIONS		112
REFERENCES		113
APPENDIX		134
APPENDIX 1: INITIAL EMAIL CORRESPONDENCE WITH ONE INTERPRETER AGENCY		134
APPENDIX 2: PARTICIPANT RECRUITMENT LETTER		136
APPENDIX 3: PARTICIPANT DEMOGRAPHIC SHEET		139
APPENDIX 4: UNIVERSITY OF EAST LONDON ETHICAL APPROVAL		140
APPENDIX 5: EMAIL TO NRES QUERIES RE: NHS ETHICS		141
APPENDIX 6: PARTICIPANT INFORMATION SHEET		145
APPENDIX 7: INFORMED CONSENT FORM		146
APPENDIX 8: DEBRIEF SHEET AND SOURCES OF COMFORT AND HELP		147
APPENDIX 9: INTERVIEW SCHEDULE		148
APPENDIX 10: ILLUSTRATIVE QUOTES FOR MASTER THEMES AND SUBTHEMES		149
APPENDIX 11: PICTORIAL VIEW OF THEMES		167
APPENDIX 12: IRENA INTERVIEW TRANSCRIPT		171
APPENDIX 13: PAPER TRAIL		207
APPENDIX 14: PROPOSED EXAMPLE INFORMATION BOOKLET FOR INTERPRETERS WORKING IN A MSU		213
APPENDIX 15: PROPOSED EXAMPLE EXTENDED GUIDELINES FOR MSU SERVICE PROVIDERS		218

GLOSSARY

BPS - British Psychology Society

DoH - Department of Health

HPC - Healthcare Professions Council

MSU - Medium Secure Forensic Mental Health Unit

NHS - National Health Service

NIACE - National Institute of Adult Continuing Education

NICE - National Institute of Clinical Excellence

NRPSI - The National Register of Public Services Interpreters

VPTG - Vicarious Post-traumatic Growth

VT - Vicarious Trauma

INTRODUCTION

A few notes to the reader: This thesis only examines the literature and research about *oral* language interpreters due to the specialist literature and differences in practice of *sign* language interpreters. Whilst sign language interpreters' experience of working in medium secure forensic mental health units (MSU) is a rich topic worthy of investigation, it is beyond the scope of this study. In this context, the term 'interpreter' will be used when referring to an oral language interpreter, and furthermore, unless stated otherwise, the 'interpreter' is a Community Interpreter or, as more commonly known in the UK, a Public Service Interpreter¹. When stated, a 'medical interpreter' is understood to conceptualise an interpreter working in a hospital, mental health setting, or social welfare. A 'legal interpreter' describes an interpreter working in courts, police stations, asylum proceedings or other settings involving legal representatives. In the context of this study, when discussing the MSU environment the term 'patient' will be used when referring to the individual detained in a MSU. The word 'patient', as opposed to 'client', 'service user', or 'offender', was chosen due to its consistency with the literature. At all other times, unless stated, the term 'client' refers to an individual receiving a generic mental health service. The mental health professionals working in a MSU will be termed the 'service provider'.

Shortly after I took a junior position in a MSU, a new patient who did not speak English was admitted following the committal of a very violent murder. During the initial few days following her arrival, I was asked to escort an interpreter from the reception prior to a meeting with the patient. Upon arriving at the reception I, following protocol, handed the interpreter the 'banned items' list, explaining that if she had any of the items she must

¹ The author has drawn upon the National Standard Guide for Community Interpreting (2007) to define this role. Public Service Interpreting enables the communication between a person or persons who are not fluent speakers of the official language of the host country, and the provider of a public service. The purpose of this communication is to allow equal access to healthcare and other public services including legal, education, government and social services.

place them in a lockable locker in the reception area. I proceeded to sign the interpreter into the building and issue her with an alarm. Between the reception and the ward to which we were headed, there were no fewer than twelve lockable doors. During our walk to the ward, she turned to me and asked me where she was and why she needed an alarm. I remember feeling shocked that she did not know where she was or the reasons for the banned items, alarm, and lockable doors. I perceived the look on her face to be one of fear and apprehension, and I took the opportunity to attempt to reassure her. Once entering the ward we were immediately called into the meeting. The patient was already present along with several members of the multi-disciplinary team. During the meeting several aspects of the patient's offence was referred to. It seemed to me that the interpreter was incredibly shocked by what she was hearing and being asked to interpret. Again, I perceived the look on her face to be fear and apprehension. Following the meeting I was asked to escort her back to the reception area. I remember that she was very quiet and I felt unsure as to whether I should ask her if she was ok, or attempt to debrief her in some way. This experience has stayed with me, and I have often found myself thinking of her and what it was like for her, during that interpreting job, and what she thought and felt upon leaving the unit.

In mental health work, the use of an interpreter is not a new concept. As highlighted by Fox and Gander (2004), traditional models of interpreting required the interpreters to make themselves as invisible and neutral as possible. It seemed that it was hoped that by ignoring the interpreters' presence and merely viewing them as some kind of translating machine, they would not impact upon the therapeutic dyad or therapy process. The literature has since moved on, asserting the importance of viewing the interpreter as part of a therapeutic triad (e.g. Baker & Briggs, 1975; Westermeyer, 1990; Tribe & Thompson, 2009). However, within this literature, there is a significant paucity of literature and empirical research that involves the voice of the interpreter, i.e. their perspective. Therefore, it could be contended that despite stating the need to recognise the presence of the interpreter, the literature itself is still keeping the

interpreter invisible. Granger and Baker (2003) discuss the notion that the existing recommendations regarding work with interpreters are built upon the perspectives of the practitioners and clients, which illustrates how the 'voice' of the interpreter remains unseen. These recommendations are often extended rather than tailored to each setting and context where an interpreter works. Recognising this, Fox and Gander (2004) put forward that "ideally, every organisation that employs interpreters on a regular basis should draw up a code of conduct as well as formulate guidelines for best working practices, appropriate to the requirements of the respective institution" (p.6).

Literature has suggested that interpreters may be susceptible to psychosocial consequences when working within mental health settings and / or with survivors of torture and trauma. There is a growing body of evidence regarding the intense emotional reactions experienced by professionals working with perpetrators of crime. Within forensic mental health, discussions inevitably involve the patients' criminal offence, their history of trauma, and their mental health issues. Therefore, for an interpreter, bearing witness to these stories is an integral aspect of interpreting within this context. As stated by several authors and researchers including Grange and Baker (1996), Lipton *et al* (2002), Tribe and Raval (2003), and Valero-Gracés (2005), research exploring the experiences of interpreters, from the interpreters' perspective, is widely called for in order to contribute to our existing knowledge. Furthermore, in line with Fox and Gander's (2004) recommendations, explorations into the various settings within which interpreters work would allow for the development of tailored guidelines for each individual institution.

As counselling psychologists, we must factor the needs of the interpreter into our work rather than solely concentrate on how best to use them and work with them to fulfill our needs and the needs of our clients. It would seem imperative that we use our knowledge base and skills in a bid to empower and support them within their work, no longer allowing them to remain invisible. By foregoing the needs of the interpreter, whilst

attempting to help one individual with their distress and trauma, we may be distressing and traumatising another.

CHAPTER ONE: LITERATURE REVIEW

Throughout this chapter, in the absence of primary research and literature about interpreters working in a medium secure forensic mental health unit (MSU), the author has drawn upon the available literature and research relevant to interpreters in other settings, obtained through a systematic literature review. Alongside this, literature and research pertinent to other practitioners working within forensic mental health has been reviewed in the hope of cautiously extending it to interpreters working in this setting, and in seeking clues as to what primary research in this area might reveal. Furthermore, information significant to a MSU setting is provided, portraying an overall picture of a MSU environment and the patients who are detained within such settings.

1.1 Interpreters

Whilst there has been an increase in empirical research and literature about the use and role of interpreters over the past ten years, there remains a divide between theory and practice.

1.1.1 Why are interpreters needed?

It is important for mental health practitioners to be aware of the reasons why an interpreter may be needed. Statistics relating to the number of individuals that might require the services of an interpreter have been sourced. According to the 2001 census², 4.6 million individuals in the UK identified themselves as belonging to an ethnic minority. The census portrays that more than a quarter of the population in London is from a minority ethnic group; indicating that London is the highest ethnic minority area in the whole of the UK. The 2007 survey by the National Institute of Adult Continuing Education (NIACE) specifies that two out of five adults in

² The 2001 census is currently the most up-to-date record of the ethnic composition in the UK until such time that the 2011 census is published.

London do not speak English as their 'mother tongue'³. The Office for National Statistics Psychiatric Morbidity report (2001) declared that one in four adults experience at least one 'diagnosable'⁴ mental health problem each year.

Extensive international and national legal legislation such as the Race Relations Amendments Act (2000) and the Human Rights Act (1998), advocate that there must be an equal access to legal and health services. Due to the relative paucity of bilingual workers (Hodes & Goldberg, 2002), and the statistics illustrated above, it can be deduced that at some point an interpreter will be needed in order to facilitate communication and avoid discrimination for non-English speakers, thus ensuring equal access to mental health services.

1.1.2 Models of Interpreting

There are several models of interpreting outlined and described through the literature. Of these models, Tribe (1998) helpfully recommended four, for the purposes of mental health work: Linguistic; psychotherapeutic / constructionist; health advocate / community interpreter; and bicultural worker. The linguistic model conceptualises the interpreter as a neutral transmitter of a message who assumes a distanced position. The expectation is for the interpreter to translate the information, where possible, word-for-word without asking questions or getting involved in any type of discussion (Cushing, 2003; Tribe, 1998). The psychotherapeutic / constructionist model places emphasis on the meaning of the words or the feeling behind them. This model expects an interpreter to primarily convey these meanings / feelings rather than interpret word-for-word (Tribe, 1998b, 1999; Raval, 2003). The health advocate / community interpreter model places the interpreter in the role of advocate for the client, representing their interests alongside aiding them in communicating with

³ The Oxford Dictionary defines 'mother tongue' as "the language which a person has grown up speaking from early childhood".

⁴ In this context, 'diagnosable' is understood to mean that the individual has met the criteria for a mental health problem as defined by the DSM-IV.

the service provider (Tribe, 1998; Baylav, 2003; Razban, 2003). The bicultural worker model sees the interpreter as responsible for communicating and sharing any relevant cultural or contextual variables alongside interpreting the language (Tribe, 1998; Drennan & Swartz, 1999).

Theoretically, each of these models has a relevant and beneficial place when working with an interpreter, but which model to choose for which context needs some consideration. Baylav (2003) argues that no one specific model can adequately meet the needs of the client and service providers, and therefore the interpreter should be able to integrate and employ these models flexibly. There is an on-going debate as to which of these models is the most beneficial in mental health work for individuals requiring an interpreter (e.g. Grange & Baker, 2003; Hsieh, 2008).

However, there is a divide between theory and practice. Reviews of various institutions' training programmes by Dysart-Gale (2005) and Kaufert and Putsch (1997) have found that the traditional 'conduit model' remains the prevalent model for interpreters (i.e. not one for the four models recommended by Tribe, 1998). The conduit model of interpreting conceptualises the interpreter as a non-thinking, non-feeling translating machine. Kaufert and Putsch (1997) found however that in practice, all of the interpreters adopted roles far more complex than that of a conduit. But they did not offer any further exploration for the reasons as to why the interpreters chose to adopt these other roles. Hsieh (2005, 2008) examined how medical interpreters perceive their roles, finding that they most commonly identified the conduit model as the model to which they adhere. Furthermore, she discovered that this was the default model emphasised in any training they had received and in their professional guidelines.

1.1.3 Professional Guidelines

Applied psychologists in the UK are regulated by the Health Professions Council (HPC), and are Chartered by the British Psychology Society (BPS). They are expected to adhere to specific Standards of Conduct and Codes of Practice. Mental health practitioners and psychologists working within NHS settings are expected to implement the National Institute of Clinical Excellence (NICE) guidelines to ensure that the care they provide is based on the best evidence available. Currently, there are no mandatory nationally recognised guidelines or standards for the various mental health practitioners when working with interpreters, for the agencies with whom interpreters sign, or, for the interpreters themselves. There are several versions of 'good practice' guidelines for working with an interpreter, and between each set of guidelines there are several, albeit often slight, differences in the considerations outlined when working with an interpreter. The extensive BPS 'good practice' guidelines for working with interpreters, developed by Tribe and Thompson (2008), are significant in detailing the issues that need to be considered by psychologists when working with interpreters. These guidelines state that all psychologists should be educated in working with interpreters; and Tribe and Thompson (2008, 2009) contend that in order to work effectively with interpreters, all clinicians should receive training as a core part of their professional training. Conversely, as highlighted by Raval and Smith (2003), many prequalification mental health training programmes have little or no training specifically with regard to work involving interpreters.

1.1.4 Interpreters and mental health

Within mental health, work language barriers have constantly been highlighted as an obstacle between ethnic groups and monolingual practitioners, and the use of an interpreter to overcome these barriers is not a new topic. However, literature concerning this concept primarily explores the different roles of the interpreter and the impact that the interpreters presence has on the therapeutic relationship and therapy process (e.g. Baker & Briggs, 1975; Tribe & Thompson, 2009; Haenal,

1997, Bot & Wadensio, 2004). It is common for therapists to view the therapeutic relationship with the client as perhaps the most effective tool in the therapeutic collection, and the vehicle for change. With this in mind, several authors have agreed that when an interpreter is present, it is of far more benefit to view them as part of a three-way relationship rather than viewing them as a neutral shadowy presence who merely translates (e.g. Baker & Briggs, 1975; Westermeyer, 1990; Tribe & Thompson, 2009). Several authors contest this however, and maintain that the interpreter should retain their role as a neutral translator (e.g. Marcos, 1979 and Warfa & Bhui, 2003). This literature, and empirical research in this area, has enabled a greater knowledge of the limitations of working with an interpreter, providing insight in to how they can be overcome. Furthermore, it has highlighted the vastly different roles that interpreters can undertake, the impact each of these roles may have on the therapeutic process, and, perhaps most importantly, the benefits of working with an interpreter in a therapeutic triad.

However, the literature remains incomplete in that there is a dearth of literature and empirical research looking at the role, function and impact of the interpreter, from the perspective of the interpreter. Furthermore, what is relatively sparse is how they experience the therapeutic triad, the work they do, and the impact it has on them. It is important to note that this is starting to become a growing area of literature and research. Following their research exploring the challenges and emotional impact of mental health interpreting, Doherty *et al* (2010) argued that mental health interpreting is significantly more demanding and emotionally intense than any other setting, as mental health work typically involves the interpreter hearing and communicating very difficult information including diagnosis, prognosis and histories of trauma and abuse. As discussed, in therapeutic contexts the interpreter is undoubtedly drawn into a therapeutic relationship in a way that is different to other jobs. Given the advice to view the interpreter as part of a therapeutic triad, Anderson (2012), put forth that within mental health environments, an interpreter who is proficient in language but lacks psychological maturity and self-awareness

is not suitable. She contends that interpreter educators must appreciate the unique requirements of the mental health environment, and makes a case for the development of the personhood of the interpreter by such educators, training them to promote an understanding of their role in this triad and the complexities of mental health work.

1.1.5 Interpreters and the legal system

The literature pertinent to the role of the interpreter in the legal system has a predominate focus on the role of the interpreter in court. There are little references to the role of the interpreter in other legal settings such as prisons. Furthermore, this literature has chiefly explored the ethical and validity issues when an interpreter is present as opposed to the impact this work has on them (e.g. Maddux, 2010). Such literature has contributed to a deeper understanding and knowledge of the limitations and threats to validity of interpreter-mediated forensic evaluations, interviews and court hearings. But again, this literature remains somewhat incomplete due to the relatively absent voice of the interpreters themselves. Guidelines for interpreters in legal settings state that interpreters should interpret in the first and second person, as if they did not exist (e.g. Colin & Morris, 2001). However, research has shown that often an interpreter will switch from speaking in the first-person to speaking in the third-person when interpreting acts of sexual deviancy and extreme violence (Maddux, 2010). This suggests a difficulty for the interpreters to manage 'becoming' the voice of the offender when s/he has committed such violent and horrifying acts. Tribe (2005) duly suggested that legal processes themselves could be intimidating and frightening for anyone coming into the system. What is suggested is that there is a need for prior information and specific training for an interpreter to work in a legal setting.

1.1.6 Summary

The necessity for the use of an interpreter is well documented throughout literature, and legislation commands that there must be equal access to

health and legal services for all. What is clear within the literature is that the role and position of the interpreter remains ambiguous. Furthermore, that there is a divide between theory and practice, and several significant gaps and areas for further development within our current knowledge and understanding.

1.2 Forensic Mental Health Services

“Working in organizations, whatever their size or task, has an emotional impact on those within them and few organizations are more emotionally challenging than those tasked with the care of highly traumatized and traumatizing forensic patients” Tuck (2009, p.43)

Forensic mental health services provide care for individuals who have committed an offence, pose a significant danger to the public, and have a serious mental illness. In England and Wales, there are currently approximately 4,500 secure⁵ forensic in-patient beds. According to the Ministry of Justice⁶ statistics on mentally disordered offenders, within England and Wales in 2008, 3,937 individuals were detained in a secure hospital on a *restriction order*⁷ (Ministry of Justice, 2010).

1.2.1 Medium Secure Forensic Mental Health Units (MSU)

The Department of Health (DoH) define a MSU as providing “a safe clinical and therapeutic environment for patients who may present a serious danger to others and to themselves but do not need the physical security arrangements of a high security hospital” (p. 7). MSUs provide the second tier of secure care services in the UK, and both the NHS and the independent sector provide medium secure forensic mental health beds.

⁵ This refers specifically to high and medium secure facilities

⁶ The Ministry of Justice is the Government department responsible for the criminal justice system in England and Wales (Justice, 2012).

⁷ This refers to Section 41 of the Mental Health Act 1983. When imposed, alongside other notable implications, leave under Section 17, transfer under Section 19, and discharge under Section 23 cannot take place without the consent of the Ministry of Justice. For a more comprehensive guide please see the Mental Health Act 1983. (Justice, 2010)

There are currently around 65 MSUs in England, and although different in design, they each meet specific criteria in environmental design and security measures. A MSU must uniquely have, amongst other things, a secure perimeter comprising of a 5.2 meter fence and contain only essential gate entry points encompassing an 'air-lock' system; windows that cannot open more than 125mm; a fully integrated alarm system with each member of staff securely carrying an alarm at all times; for each member of staff to carry secure keys which open the locks within the unit but are not able to grant access to the outer door of the reception airlock; finally, at any point within the confines of the unit, there must be at least two lockable doors separating the patient and the outside world⁸.

1.2.2 The Forensic Mental Health Patient

Individuals detained in a MSU are commonly, although not always, under the jurisdiction of the Ministry of Justice and on a restriction order. Unlike detention in a generic mental health service, where an individual can be discharged via their Responsible Clinician, the Mental Health Act Managers, the Tribunal or their nearest relatives application, an individual detained on a restriction order can only be only be discharged by the Secretary of State for Justice.

In 2007, 88% of patients detained in secure forensic mental health units were male with over half committing 'violence against the person' (murder) or 'sexual offences'⁹. It is important to acknowledge that the forensic mental health patient is both a perpetrator and a victim. Bose (2009) reminds us that their histories commonly incorporate terrifying and unrelenting trauma and negative developmental antecedents, usually including a combination of neglect, inconsistent care, abandonment or loss, emotional, physical and sexual abuse. Coid (1992), provided a suitably illustrative account, indicating that 80% of offenders with mental

⁸ For further information please see DoH, Environmental Design Guide for Adult Medium Secure Services, 2011.

⁹ Statistics taken from The Sainsbury Centre for Mental Health, Forensic Mental Health Services, Facts and figures on current provision, September 2007

disorders had suffered some form of abuse, neglect or exploitation in their formative years. Alongside their traumatic histories and offending behaviour, these patients have a complex and enduring mental illness. A psychodynamic framework offers one perspective that allows for the complexities of this patient group, and the complex emotional reactions of those working alongside them, to be understood. McGauley (2002) contended that this group of patients have fragmented or un-integrated internal worlds and their offence could be understood as the acting out of the aggressive and intolerable aspects of their internal world. Bose (2009) suggests that forensic patients “may be unable to contain their conscious and unconscious emotions and phantasies of fear, rage, anxiety, insecurity and vulnerability” (p.106), and often employ very primitive unconscious defence mechanisms such as repression, projection, projective identification and splitting (Freud, 1946; Klein, 1975; Hinshelwood, 1989, 1994). Kay (2009) proposed that due to these defence mechanisms and the offending behaviour, the forensic mental health patient can often become a ‘hateful’ patient. However, these patients are often extremely distressed and confused due to their mental illness, and the purpose of detainment in a forensic service is to provide a therapeutic environment and rehabilitation rather than punishment.

Generally, mental health clients are more likely to be shunned by society, the local community, and in some cases by their family and friends due to the well-documented stigma and discrimination attached to mental illness (Lai *et al*, 2000). For forensic mental health patients, there is double stigma and discrimination in relation to their criminal behaviour. The secure environment of the MSU along with the jurisdiction of the Ministry of Justice over restricted patients further adds to their segregation and isolation from the wider community. In their paper, Sen and Adeleki (2007) highlighted the role of national and local media in further segregating and alienating medium secure forensic patients from society through the specific portrayal of the patient during coverage of the offence, and follow up coverage whilst they are detained within a MSU.

1.2.3 The Forensic Mental Health Worker

Forensic mental health services are influenced by a complex weave of policies and practices. Although therapeutic in nature, they must negotiate the conflicting goals of the 'caring' mental health system, and the 'custodial' criminal justice system. This clash of cultures can lead to conflict between a) attempting to contain these patients and b) trying to understand their painful and troubled lives. This can contribute to the splitting of forensic mental health teams.

Tuck (2009) describes the MSU as being like an enclosed community. She depicts the role of forensic nurses as being complex and demanding. It incorporates caring for and building a therapeutic relationship with individuals who are usually shunned from society due to committing a violent and horrifying act of violence. Furthermore, she contends that the MSU environmental security measures evoke a suspicion of threat and danger from these patients, with whom the nurse is expected to work therapeutically. It is repeatedly illustrated that working with this clientele is complex and challenging for the service provider (e.g. Cordess & Cox, 1996; Hinshlewood, 1993; Bose, 2009; Stein & Adshead, 1999; McGauley & Humphrey, 2003). Drawing on a psychodynamic framework, Tuck (2009) highlights some of the defence mechanisms that forensic nurses employ in order to defend against not only their unconscious fear but also their conscious fear of individuals who have been labeled as high risk to themselves and others. Such defences include distancing themselves from the patient, both in a physical sense by retreating to the secure staff base, and on an emotional level. Another means of coping with any distressing emotional reactions towards this patient group is to focus on the vulnerability of the patient and to ignore the criminal act. Tuck (2009) suggests that forensic nurses work hard at detaching themselves from any negative feelings towards the patients, and that this is still viewed as a traditional nursing skill. Due to this view, any potential psychological harm as a consequence of long-term detachment remains relatively unknown. Gordon and Kirtchuk (2008) suitably advise that work with forensic mental health patients will evoke pronounced countertransferential reactions in

staff, commonly either a fear that they will be destroyed or harmed by the patients aggression / violence, or experiencing horror and repulsion in response to the criminal acts. They too suggest that to manage these countertransferential responses, forensic staff will withdraw and distance themselves from the patient.

Kay (2009) argued that it was common for forensic nurses to state that they did not wish to know anything about the patient's offence and if they did need to know, they did not seek out details. He highlighted the peculiarity of this, questioning how a patient could be nursed effectively without a concise understanding and knowledge of their forensic history. Kay (2009) contended however that nursing staff would often rationalise it as being none of their business, expressing that it is the role of the psychologist or psychiatrist to know this information. He further suggested that the forensic mental health patient would welcome this dynamic, wanting their primary care giver, in this case the forensic nurse, to stay away from this shameful or difficult part of him or herself. This illustrates how the team can become split.

Forensic psychotherapists have long clarified the challenges working with forensic mental health patients. Cox (1996) warned that working with this patient group exposed psychotherapists to particularly intense emotional experiences. He cautions that the details of the patient's offences can potentially "whet prurient preoccupations or so horrify that psychological distancing, denial or distraction is the only possible response" (Vol II p.444). Hill (1995) contended that for those working therapeutically with this patient group, it is often challenging for the professional, in understanding the patient as an offender, to also view them as someone who needs help. Furthermore, the societal demands for punishment of an offence, and the service providers' mandate to provide treatment, are often in opposition, resulting in complex countertransferential reactions that are difficult for the professional to integrate. Forensic psychotherapists stress the vital importance of a good understanding of transference and countertransference phenomena when working with this patient group,

and the extreme need for regular supervision. Brown and Stobart (2008) usefully highlight that for professionals who do not have the protection of the psychotherapeutic frame available to them, it is far harder to contain any intense and complex emotional reactions in therapeutic relationships and encounters with forensic mental health patients.

1.2.4 Interpreters and forensic mental health

Between March 2011 and March 2012 one MSU in London utilised approximately 970 hours of interpreting services, with 20.48% of the patients requiring the services of an interpreter¹⁰. Although only illustrating one specific MSU, which is arguably in the most ethnic diverse area in the UK, if this number were to be approximately multiplied by the number of MSUs in England and Wales, what is portrayed is the vast number of hours in which an interpreter is used so that non-English speaking individuals patients in forensic services can have equal access to treatment.

Within mental health work, there is always the potential that difficult and disturbing topics will be discussed, and, within a legal context conversations surround the offender's criminal act. Psychological work in forensic mental health settings inevitably involves discussions regarding the patients' index offence, and their mental health issues. Therefore, for an interpreter, bearing witness to these topics and stories is an integral aspect of interpreting within forensic mental health. To date, the author has been unable to unearth any specific empirical research or literature specifically about the experiences of an interpreter working in a MSU.

Zimanyi (2009) helpfully alerts us that, traditionally, the interpreter role has been classified into two main areas; legal and medical. She usefully put forth that a junction of the two sub-fields should provide food for thought and consideration. Mikkelsen (2008) states that it "can be argued that

¹⁰ Statistics sourced from the Executive Assistant to Associate Director of Nursing of this specific MSU.

medical interpreters should be held to a different standard than their counterparts in legal settings, given the collaborative nature of most healthcare interactions” (p.85); therefore implying the clear differences between the requirements of the interpreter in these differing settings. Within forensic mental health there are various types of assignments interpreters may be called to undertake, including court-appearances, psychological therapy, ward rounds, and solicitor visits, seemingly merging the requirements of these two previously distinct settings.

1.2.5 Summary

Forensic mental health services are influenced by a complex weave of policies, practices and environmental design. The forensic mental health patient is a complex and demanding patient for whom a forensic service offers rehabilitation and containment. The challenges of working with this patient group are highlighted throughout the literature. An interpreter working within such settings may bear witness to distressing and disturbing stories of trauma, perpetration and violence, and be required to attend various interpreting jobs. However, there is an academic lacuna regarding the experiences of interpreters within the latter distinct setting.

1.3 The psychological and emotional well-being of the interpreter

Figley (1995a) argued that there might be a cost to caring professionals who listen to clients’ stories of fear, pain and suffering, asserting that they might feel similar fear, pain and suffering. Lipton et al (2002) draws attention to the fact that literature regarding the psychosocial consequences for individuals working with clients that confront them with highly emotive information, has primarily focused on the trained mental health professional. Sue and Sue (2008) alert practitioners that they need to be aware that interpreters might also experience intense feelings when they are within specific contexts whereby a client shares their difficult

emotions or traumatic experiences. Furthermore, they express that it is the practitioners' responsibility to validate these intense feelings and aide in addressing them. Haenel (1997) usefully outlined some of the intense feelings commonly experienced by interpreters in mental health work, including anxiety, depression, nightmares, paranoia, and boredom. He further proposed that they might also experience feelings of anger, disdain, helplessness, guilt, and failure towards the client.

Granger (1996) identified the lack of research from the interpreters' perspective and went on to conduct one of the first empirical investigations of the role and work experience of the interpreter specifically from their perspective. The focus of the research was on the interpreters' experience of working within a service and discusses the implications for service provision. Her research highlighted that the interpreters' work, as reported by them, is emotionally demanding and that they receive little support to manage it. This research made a valuable contribution to understanding the interpreters' perspective in relation to their role and their previous, current and future work experience. However, there remained a lack of understanding or knowledge regarding the interpreters' experience of the impact of sharing information, and how these reported 'emotional demands' are experienced and described by the interpreter, which would enhance future research.

Lipton *et al* (2002) stressed the lack of knowledge regarding the psychosocial consequences for interpreters dealing with stress imposed by their work. Drawing upon research conducted about other professions in relation to vicarious traumatisation and psychosocial consequences, they investigated the psychological coping mechanisms used by interpreters to cope with work related stressors in Western Australia. An ethnographic interview style was employed, and the analysis of the data identified that interpreters report being left feeling distressed. The research participants in this study, in accordance with Western Australian practice, had completed a course in mental health interpreting. They reported that this course brought the possibility of emotional and psychological dangers

resulting from their work into their awareness. Not all interpreters have undergone such training, specifically within the UK. Therefore, further research focusing on interpreters without such mandatory training would add to these findings.

Valero-Garcés (2005) presented four quantitative studies, whereby either professionals working alongside interpreters, or interpreters themselves, completed surveys. She discussed the emotional and psychological effects on interpreters working in these settings, and identified that because the interpreters find themselves in a context whereby they are the sole person who understands the client, there is a tendency for an intense emotional relationship to build. Each of the four studies individually highlighted that interpreters report negative emotional consequences of their work. Whilst the presented studies all make a contribution to our knowledge regarding the emotional and psychological effects on interpreters, due to the approach used, the information gathered reduces the experiences of the interpreters to predetermined values. It would be of further benefit to explore these interpreters' understandings of their experiences by including some qualitative methods such as an interview.

Doherty *et al* (2010) surveyed 18 interpreters using a semi-structured questionnaire exploring the impact of mental health interpreting on their emotional well-being. They found that 56% of participants reported to feeling emotionally affected by mental health interpreting. Findings also showed that 67% of the interpreters found it difficult to put clients out of their mind post-session, with 28% reporting it difficult to move immediately onto the next job. 33% of respondents disclosed that interpreting for mental health clients had impact on their personal life. Within their results, in response to a free text question, they stated that one means of managing the demands of mental health interpreting was 'knowing that the client does not present a violent risk'. However, this is not expanded on further. By implication, it could be assumed that knowing a client does present a risk of violence may increase the difficult and demanding aspect of mental health interpreting. Therefore, it is important for us to gain

information about how the knowledge that the patient does potentially pose a risk of violence impacts on interpreters, in order to enhance our understanding of how they manage the demands of interpreting in environments such as a MSU.

1.3.1 Vicarious trauma / Vicarious Posttraumatic Growth

There is a wealth of literature stating that professionals working with clients who have experienced torture and / or trauma in their lives need to absorb this information in order to gain a deeper understanding of the clients' experience. Lipton et al (2002) assert that this deep level of empathic listening has been found to have consequences on the psyche of the professional. Amongst this research, the concept of vicarious traumatisation (VT) is raised, which Figley (1995) defines as: "The natural consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatised or suffering person" (p.7). In other words, VT is the negative psychological change in people that happens following vicarious exposure to trauma. It is suggested that the use of supervision and support can reduce the risk of VT and other issues affecting the individual psyche. Without such, individuals are open to VT, due to an inability or lack of knowledge as to how to integrate the information shared appropriately (Lipton et al, 2002).

Research into VT has predominately looked at professionals working with trauma and torture victims. However, several studies and authors have begun to demonstrate that individuals who work with the perpetrators of trauma, torture, sexual abuse and violence are just as susceptible to VT as their counterparts working with victims (e.g. Steed & Bicknell, 2001; Rich, 1997; Way *et al*, 2004; Levin & Greisberg, 2003; Fischman, 2008).

Splevins *et al* (2010) provided the first empirical research exploring not only the negative but also the positive vicarious changes in interpreters working, in a therapeutic setting, with asylum seekers and refugees who

had experienced multiple traumas. Previous to this research, knowledge regarding the psychological and emotional impact of interpreting work on interpreters portrayed primarily a negative and distressing impact. Splevins *et al* (2010) found that in addition to negative and distressing feelings experienced, the interpreters reported that they had perceived themselves to have grown in some way as a result of their experiences. Within literature, this is termed 'vicarious posttraumatic growth' (VPTG), which was developed from two concepts; vicarious traumatising, and posttraumatic growth - the positive psychological change in an individual following exposure to trauma (Linley and Joseph, 2007). Although there is little empirical work in this area, literature has suggested that therapists experience positive and negative emotional sequelae as a result of trauma work. Prior to this particular study, there was no literature about VPTG experiences in interpreters. The researchers adopted a qualitative approach, namely interpretative phenomenological analysis, in the analysis of semi-structured interviews with eight interpreters. They identified that empathy felt towards clients by the interpreters quickly became identification, whereby they began feeling the same emotions as that of the client, and that first-person translations of experiences triggered this identification process, due to the increase of the interpreters' involvement. Furthermore, they found that emotional mirroring was increased when there was a shared trauma history, cultural background, or shared experience of being a refugee or foreigner. Their results further identified the disbelief felt by interpreters in reference to what they were bearing witness to, and the emotional reactions experienced. Splevins *et al* (2010) found that interpreters learn, through experience, their own coping mechanisms and ways of dealing with the emotional impact of the work. Finally, this study illustrated the positive growth experienced by the participants, with each of the interpreters describing a sense of change in themselves and their life philosophy. This research provided an interesting new perspective of the vicarious changes in interpreters working with asylum seekers and refugees who have experienced multiple traumas. However, given that it was the first study exploring the positive vicarious

changes in interpreters, it is important that it is viewed as preliminary, and that further research is necessary.

1.3.2 Complex Emotional Reactions

It has long been asserted that interpreters are likely to be the subject of emotionally charged information, and become the object of transference, projection, displacement or triangulation (Harvey, 1984; Culcross, 1996). However, unlike therapists, interpreters do not tend to be trained to understand the complexities of working with severe psychological trauma and the corresponding patient presentations, and therefore may not have a theoretical framework to make sense of what happens to them (Brown & Stobart, 2008). Due to this lack of theoretical framework to manage and recognise the identification process and countertransferential feelings, Butler (2008) contended that interpreters are more vulnerable to identification with clients than therapists. Furthermore, by using the first person when interpreting, there may be an intensified impact of the trauma on the un-expecting interpreter who might not be trained to have the skills to manage the powerful feelings evoked in them. Pazdirek *et al* (2001) contended that it is problematic to label the emotions directed from the client to the interpreter, from the therapist to the interpreter, and what the interpreter experiences when interfacing with each of them. They found that within the triad, it was difficult to fully understand these processes, and thus decided to move away from labeling them as transference and countertransference, instead referring to them as 'complex emotional reactions'.

There is a growing body of evidence concerning the intense emotional reactions experienced by professionals working with perpetrators of crime. Within forensic mental health, bearing witness to horrific descriptions of deviant fantasies and extreme violence towards mankind can evoke intense personal reactions. Within the literature, rage, nausea, disgust, shock, profound detachment, and fear are cited as typical reactions to offender stories (e.g. Kearns, 1995; Layton, 1988; Pullen & Pullen, 1996).

Way *et al* (2004) argued that those treating sex offenders need to manage strong emotional reactions including anger, anxiety and disgust when hearing about the clients' traumatic material of perpetration and deviant fantasies; whilst also trying to remain helpful, appropriately empathic and professional. These intense countertransferential responses to the material, including an increasing awareness of one's own potential for violence, can be extremely disconcerting for the professional (Bengis, 1997; Mitchell & Melikian, 1995). By extension, this may be problematic and distressing for the untrained interpreter. Therefore, they may employ defence mechanisms similar to those previously described as being employed by forensic nurses, such as distancing, denial, and detachment. The limited research on interpreters in mental health work has shown that, similar to that found of forensic nurses, distancing is used as a means of coping against over-identifying with clients as well as reliance on supervision, social support, and practical coping strategies (Butler 2008; Miller *et al*, 2005).

1.3.3 The role of support, supervision and training

'Good practice' guidelines for psychologists working with interpreters state that interpreters are entitled to support and supervision in the same way that mental health practitioners are, and that a duty of care applies (BPS, 2008). The Royal College of Psychiatry standards for MSUs outline that all staff working in these settings should receive at a minimum one hour of supervision from a person with appropriate experience each month, and that for junior staff this should be one hour weekly. Furthermore, it states that there should be regular staff support groups ideally occurring on a weekly basis.

Literature has highlighted that interpreters traditionally receive little or no support or supervision, although certain interpreter agencies may offer support for their workers upon request. Tribe and Raval (2003), revealed that interpreters have reported insufficient support structures in place within the settings where they work, and following this, they have reported

difficulties in managing the emotional impact of their work in mental health settings, particularly without the support and supervision that is so fundamental and available to the practitioner. Costa (2011), who is instrumental in gaining recognition of the need for support and supervision for interpreters, recommended that they should be receiving both managerial supervision and professional support and mentoring. She asserts that interpreters are often bystanders witnessing and communicating intense and distressing material, yet are unable to take any action to provide relief. Doherty *et al* (2010) recommend from their research that “increased attention should be paid to the support needs of interpreting staff... in order to safeguard interpreter health and well-being and to ensure a high quality of interpreting when working in a mental health context” (p.41).

At this time it is not compulsory for interpreters to complete any form of accredited training in order to carry out clinical and therapeutic work where translation is required (Edwards *et al*, 2005; Tribe & Raval, 2003). In the UK, in 2012, there are 2,350 interpreters signed to the ‘The National Register of Public Services Interpreters’ (NRPSI), covering 101 languages. This register requires its members to obtain a qualification prior to registration, and to follow a code of conduct. However, presently there is no governing expectation that health services, such as the NHS, should use a member of the register, nor is there any governing expectation that interpreter agencies should only enlist the services of interpreters signed to the register. Some NHS Trusts may offer guidance on the use of interpreters, in which is included the agreement that a recommended interpreting service agency be used. Often this agreement with a specific agency is founded on financial reasons (whichever is the most inexpensive). Therefore, it can be understood that service providers might be utilising interpreters who have not undertaken any formal training or do not hold any formal qualifications relating to interpreting.

Gerrish *et al* (2004), informatively contend that many interpreters disclose that the knowledge and expertise they acquire about mental health

practice is either through experience of working in the field for a long period of time, or via private study and training. This is something that they have chosen to undertake in order to provide clear and understood explanations of the mental health system and terminology for their clients, in order to complete their jobs efficiently and effectively. Furthermore, Smith, H (2008) pointed out that whilst certain interpreter agencies may train their staff, this training does not mirror the years of support, training and supervision that enable mental health practitioners to work with the challenges of mental health practice. Fox (2001), providing an illustrative personal account of being an interpreter, suggested that she feels that she often takes on the role of 'co-therapist'; yet highlighted that she does not feel equipped to undertake this role due to her lack of training, knowledge and expertise in the field.

Lipton *et al* (2002) usefully highlighted that when training is made available, interpreters are typically trained to pass on the information shared to them (the conduit model) and may only possibly be given training in basic mental health terminology. Training in other basic skills, for example, boundary setting, the potential emotional impact of the work, or confidentiality, is rare. Rosenberg *et al* (2007) asserted that although acting as a linguistic conduit is an essential element of the role of the interpreter, it does not provide the interpreter with any guidance as to how to manage their emotions. Hsieh (2005, 2008) dovetails this, identifying through her research that the non-emotional aspect of the conduit model troubled the interpreters when negotiating their own emotions, having been faced with an expectation to be emotionless.

1.3.4 Summary

Literature has highlighted that interpreters are susceptible to psychological and emotional consequences as a direct result of the work they have undertaken. Whilst the majority of literature about this has illustrated that interpreters experience intense and often distressing feelings and are susceptible to VT, recent research has portrayed that interpreters report

both positive and negative changes to their emotional well being. It is maintained in the literature that like therapists, interpreters become the object of transference, projection, displacement or triangulation. However, unlike the therapist, they might not have the theoretical framework to make sense of what happens to them, and furthermore might not have the levels of support and supervision that is so fundamental and available to the practitioner. This may be problematic and distressing for the untrained, unsupported interpreter.

1.4 Rationale for current study

As discussed throughout this chapter, there remains a dearth of literature and empirical research exploring how interpreters themselves experience their work. Currently, our best practice guidelines are based on the views of the service providers and clients. Whilst they provide us with essential knowledge on ensuring the development of services for those from ethnic minority groups who do not speak our host language of English, they are incomplete. Raval and Smith (2003), concluded their research which investigated the therapists' experience of working with an interpreter, by stating that much further work is needed in the same area, but with the focus placed on understanding the interpreters' perspective in order to develop 'good practice' guidelines.

Whilst research pertains to some of the emotional problems faced by interpreters working with victims of torture, and their need for support, there is little research exploring whether interpreters in other settings, such as legal or medical services, also face these difficulties. The literature has indicated that the demands on the interpreter, and their role and work, cannot be loosely generalised from setting to setting. Therefore, more specific research needs to be done to identify how, if at all, these factors vary from one setting to another. There is currently no literature or empirical research examining the role of the interpreter working in a MSU from his or her perspective. Given Zimanyi's (2009) advice that forensic mental health is a setting worthy of further thought, it was judged that

research exploring interpreters' experiences of working in this context would be valuable and an important addition to existing knowledge.

1.4.1 Relevance to Counselling Psychology

Counselling psychologists strive to develop flexible, reflective and critical approaches to traditional psychological theory. We recognise social contexts and discrimination within our work and society, and strive to work in ways that “empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today” (BPS, Professional Practice Guidelines, p.2). In order to provide equal opportunities to access legal and health services, it will be inevitable that the use of an interpreter will be needed. Currently there are no mandatory guidelines for working alongside interpreters, and the guidelines that do exist are extended rather than tailored to each setting and context.

Counselling psychology considers the individual therapist him/herself as one of the most essential tools in their effectiveness, stressing the importance of the personal qualities of the therapist. Drawing upon our humanistic underpinnings, we hold in high regard the need for empathy, understanding and unconditional regard for our clients. Within psychological work that involves the use of interpreters, we strive to view them as a part of a therapeutic triad as opposed to a shadowy being who merely translates. In therapy sessions many stories of abuse, trauma and perpetration are told. Therefore, we must encourage interpreters to understand the complex emotional reactions they may experience and become aware of the complexities of the therapeutic communication. Whilst we do not need the interpreter to become an expert in these processes, without a self-awareness of one's own deeply rooted issues, values, problems or trauma, interpreters may be unprepared for the strong emotions that may unexpectedly emerge. It is important to remember that the Professional Practice Guidelines for Counselling Psychology clearly express that a practitioner has a responsibility and obligation not only to

self and clients, but also to colleagues and to society. Without a firm appreciation of the interpreters' perspectives, we are unable to review existing strategies, literature and guidelines or understand how best they can be enhanced.

1.5 Aims and research questions

This study aimed to gain an in-depth understanding of the experiences of interpreters who interpret information in a MSU setting. To date there is a paucity of explorations into the experiences of interpreters from their perspective, and an academic lacuna relating specifically to interpreters working in forensic mental health. Since so little is known about an interpreter's experience in this particular context, it is important to acknowledge that there were no specific hypotheses to be investigated. The main research question was therefore:

'What are the experiences of being an interpreter working in a medium secure forensic unit?'

Related to this main research question, the following areas were explored:

- What (if anything) is different about a MSU?
- What is the process of interpreting in a MSU
- How do they manage / cope with the work?

CHAPTER TWO: METHODOLOGY

This chapter provides the rationale for the decision to use Interpretative Phenomenological Analysis (IPA), describes the participant recruitment, data collection and analysis, and outlines the steps taken to meet research quality guidelines.

2.1 A qualitative approach

As revealed in Chapter one, there is a paucity of research looking at the experience of interpreters specifically from the interpreter's perspective. To date there has been no literature unearthed by the researcher concerning interpreters who have worked in forensic mental health. Barker *et al* (2002) assert that qualitative approaches are ideally suited for in-depth explorations into individual experiences – particularly in novel areas – to develop hypotheses. The rationale for this study was to explore the subjective experiences of interpreters, with a particular focus on their experiences within a medium secure forensic mental health unit (MSU). In order to enable the understanding sought by this research, the use of a qualitative method potentially makes possible the exploration of meanings and perceptions from the perspective of the participants.

2.2 Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is just one of a number of qualitative approaches that seek to understand the psychological meanings of phenomenon lived by a participant. Jonathon Smith is associated with the development of IPA and is regarded as the authoritative source. However, since the publication of his seminal work, other authors have also contributed to the growth of IPA. Smith *et al* (2009) contend that IPA “is an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography” (p.11). This section will detail the reasons

for the choice of IPA over another qualitative methods. The three areas of the philosophy of knowledge underpinning IPA will be briefly outlined and their connections to IPA are illustrated.

2.2.1 Why IPA?

Prior to deciding upon IPA as the chosen method, other qualitative methodologies were considered. If the intention of the research had been concerned with how particular versions of reality are manufactured, negotiated or deployed in conversation, methodologies from a more relativist social constructionist perspective such as discourse analysis, as described by Potter and Wetherell (1995) and narrative analysis, explained by Reisman (1993), could have been useful. These methodologies produce knowledge about how particular versions of reality are brought into 'being' through the use of language, and explore the power structures in language.

Although similar to IPA in its approach to analysis, and having some common techniques in producing data, Glaser and Strauss' (1967) Grounded Theory (GT) endeavours to develop an explanatory framework of a phenomenon. Starks and Brown Trinidad (2007) described grounded theory as a candidate for use when researchers want to build a theory or explanatory model of contextualised social processes. It allows for the discovery of theory from systematically obtained and analysed data. Willig and Rogers (2008) argue that rather than focusing on individual experience, grounded theory focuses on capturing social processes, thus making it less suitable for this particular research project.

The research aimed to explore what it is like to be an interpreter working in a MSU. Smith *et al's* (2009) description of IPA's commitment to conducting a detailed exploration of, and attempting to understand, individuals' lived experiences, and how they make sense of these experiences, corresponded with this aim.

2.2.2 Theoretical philosophy

The first philosophical underpinning of IPA is 'Phenomenology'. Phenomenology concerns itself with the variability and diversity of human experience (Willig, 2001). It is concerned with the ways 'how' an individual experiences a phenomenon, and the meanings that are ascribed or hidden within them. IPA is influenced by phenomenology in its aim to capture and explore the meanings that the participants assign to their experience of phenomena.

Smith *et al* (2009) draw upon hermeneutics, the theory of interpretation, as the second philosophical underpinning of IPA. As summarised by Willig (2001) IPA acknowledges that the way in which people experience and understand events is influenced by the meaning that they attribute to it. Thus people can experience the same event or phenomenon in multiple, yet valid, ways. Immersion in the participant's world is encouraged, and the aim is to attempt to enter their world and understand their reality. However, IPA acknowledges that access to another's world is complex due to the researcher's own perspective. The researcher endeavors to examine and share their preconceptions and motivations in the context of the research, aiding the reader to situate their analysis (Finlay & Gough, 2003). Therefore, the interpretation of data unavoidably incorporates both the participant's and the researcher's sense-making regarding the phenomenon. Smith *et al* (2009) described a double hermeneutic process within IPA whereby the researcher is trying to make sense of the participant, who is trying to make sense of their world. Finally, IPA acknowledges that the creation of the interpretative account is repetitive, based on a hermeneutic circle. During the analysis process, one must move back and forth through the data, because in order to understand any given part, one must look at the whole, and in order to appreciate the whole, one must look at the parts (Smith *et al*, 2009).

The third philosophical underpinning of IPA is idiography. In keeping with its idiographic commitments, IPA specifically calls for a small sample size in order to do justice to each participant's individual account. It is not

concerned with making premature generalisations about larger populations; rather, focusing on saying something in detail about the perceptions and understandings of a small group (Smith *et al*, 2009). Smith and Osborne (2008) emphasise that IPA is particularly useful when the research focuses on complexity, process or novelty. Given the dearth of literature giving voice to the interpreter, alongside the lack of research into interpreters working within forensic mental health, this dovetails with the aims of this research. Despite promoting the in-depth analysis of only a small number of participants, IPA aims to contribute to existing bodies of literature. Therefore the results generated can be discussed in relation to the wider existing psychological literature (Smith & Osborn, 2008).

2.3 Personal reflections on the conceptual processes of this study

Throughout the remainder of this chapter, several personal accounts towards reflexivity will be made. For ease of the reader, these accounts shall be highlighted through the use of italics and I will use the first person. Part of the qualitative research process in IPA is for the researcher to understand and present his/her preconceptions about the research (Finlay & Gough, 2003). I hope that these accounts will provide a satisfactory illustration of how my personal interests, values, experiences and ideas have shaped the research process, and help the reader evaluate my perspective and interpretation of the data, ensuring that the research process can be scrutinised throughout.

I spent over four years working in a MSU. There, I worked with individuals with severe mental distress who were predominately perpetrators of sexual assault and murder. Many of the patients were from diverse ethnic backgrounds and often the services of an interpreter were required. The attendance in clinical supervision and staff support groups was widely encouraged as a means of processing our feelings. During therapeutic encounters with patients when the interpreter was present, alongside my experience outlined in the introduction, I often wondered how interpreters

felt about the material presented and whether there were any processes in place for them to explore or express their feelings outside of the MSU. As a practitioner working alongside them, I felt a duty of care towards my interpreter colleagues, but felt constrained as to how I could fulfill this.

Throughout my training I was exposed to many theoretical perspectives, leading me to challenge my previously held assumptions and beliefs. In terms of epistemology, I disagree with the tenets of the positivist perspective, and I understand that knowledge and meaning is constructed from experience, and that there are multiple socially constructed realities, thus favouring constructivist and social constructionist ideas (Willig, 2001). Through my clinical work, I realised how difficult it was to put aside my 'assumptions' about what a client was bringing to therapy, and what their stories meant. This realisation led me to consider that I could never truly understand another individual's experiences, as my own experiences, beliefs, values, and assumptions, were blurring my view. Therefore, it was vital that I was aware of how they may obscure my practice, thus recognising that my interpretation of their experience would unavoidably incorporate both my own and their sense-making. This recognition was a process critical to not only my clinical work, but also my research project. Throughout the research process, a reflective diary was used to raise my awareness and ensure that I was constantly mindful of such issues.

My experiences working with interpreters in a MSU inspired and shaped this research, illustrating my personal and professional reasons for asking my research question.

2.4 Participants

Smith *et al* (2009) recommend that for an IPA study the research should aim to obtain a reasonably homogenous sample. Therefore, the age, gender and ethnicity of the interpreters were considered, as was the number of years working, amount of training, and number of patients interpreted for within a MSU. Although the choice of exploring interpreters'

experiences was theory driven in order to identify important new leads, the paucity of previous research meant there was no justification for the researcher to employ strict criteria concerning the categories outlined above. A purposive sample was used, and all of the interpreters were oral language interpreters who had worked in a MSU, which established homogeneity.

I was aware of the potential impact that not employing strict criteria regarding the interpreters' ages, ethnicities, levels of training, and lengths of time practicing may have on the data set. However, after much consideration and discussions with my supervisor, I decided that the restriction of these categories would cause not only pragmatic difficulties in recruitment, but could potentially restrict the findings of the research, since the aim of my research was to develop hypotheses in this novel area. It was also thought that by exploring the experiences of one particular age group or ethnicity for instance, the research would be inviting a comparison to another group, which did not suit my aims.

2.4.1 Recruitment

As interpreters typically work on a freelance contract, initial contact was made with the head of two interpreter agencies, which were known to be the largest agencies within the catchment area of two MSUs within the London area. The research was outlined and discussed with the heads of the agencies, who agreed to assist with recruitment. This agreement was based on the guarantee of organisation and interpreter anonymity. A record of this correspondence is provided in appendix one. Alongside the email distributing the participant information letter (appendix two) to the interpreters signed to their agency, the agencies explained that they would include a statement expressing that their email that taking part would in no way impact current or future employment with the agency.

Initially participant response was slow with only one interpreter responding who met the criteria needed to participate. Eighteen other interpreters who

had no experience working in a MSU also volunteered. This may have been a reflection of the relatively long participation information sheet, so the interpreters may not have fully read it. Therefore sending out a briefer information sheet for the initial contact may have been preferable. A reminder email was sent out six weeks after the first, which generated four more participants who met the criteria needed to participate. Smith *et al* (2009) recommend that for a doctoral research project, between four and ten participants “seems about right” (pg 52). Due to the decision that between six and eight participants would need to be recruited, a final reminder email was sent out by the agency. From this, one further participant volunteered and it was decided to stop recruiting in order to have sufficient time to analyse the transcripts. Smith *et al* (2009) remind us that it is “important not to see the higher numbers as being indicative of ‘better’ work” (pg. 52).

I felt frustrated at the lack of uptake in the initial stages, and restricted by my decision to only approach agencies in the surrounding areas of only two MSUs, given the number of units within the UK. I was reassured by the support offered by the agencies who all put forth great efforts in spending time painstakingly sorting through previous contracts in order to obtain a list of interpreters who had previously worked in a MSU. Furthermore, they ensured that an information letter was sent to any interpreter who was due to undertake a job in a MSU in the upcoming days and weeks. This meant that two of the accounts given were the participants’ reflections of a very recent experience in a MSU.

2.4.2 Inclusion/exclusion

The participants needed to be an oral language interpreter due to the differences in the literature and practice regarding sign language interpreters. Due to the varying types of forensic mental health service, and the scope of this research, participants needed to have interpreted information specifically within a MSU, and furthermore, be willing to talk about their experience.

Due to the researcher's employment within a specific female specialist MSU, it was planned that interpreters who had experiences working within this unit would be excluded. However, none of the participant candidates needed to be excluded on this basis.

2.4.3 The Sample

The participants were asked to complete a brief demographic form at the beginning of the interview (appendix three). The sample was compiled of six interpreters (one male, five female) who had interpreted for at least one patient in one of two MSUs in London. Each had worked as an interpreter for between four and thirteen years. The interpreters were aged between 30 and 59 years of age, although two of the participants did not disclose their actual age. All of them worked on a freelance basis for agencies in London. The participants were; Spanish, German, Turkish and Polish, between them speaking; Turkish, Polish, German, French, Spanish, Russian and English. All but one of the participants identified English as their second language.

I was disappointed that I had only managed to recruit six interpreters and I felt under pressure to ensure that through the interview I collected rich and detailed accounts from the participants. By noticing my feelings I was able to consider how my disappointment may impact the interview process, and that I needed to be mindful not to 'push' the interpreters to provide an account, in order for the interview to remain participant led and a true account of experience.

Table 1: Participants characteristics and demographics

For purposes of confidentiality all names have been changed, and anything that could potentially identify a participant has been omitted.

Participant pseudonym	Gender	Age	Number of years working as an interpreter	Number of Languages spoken	Number of patients seen in a MSU
Mehmet	Male	30	8 + years	2	5 – 10
Bibi	Female	33	4 years 7 months	2	2
Vera	Female	-	11 years (part-time)	4	10
Irena	Female	39	11	3	2
Adrianna	Female	-	4-5 years	2	1
Sandra	Female	59	13	3	5

2.5 Context

In 2007, within the forensic inpatient population in East London, 15.8% were Asian, 49.3% Black and 31% White. The forensic services in East London provide 118 beds for male medium secure forensic inpatients, and 15 beds for women. Of the total patient population in East London, in 2007, 18.8% indicated that English was not their first language¹¹. The forensic services in North London provide three purpose built MSUs housing 140 beds. In 2009, 9.24% of forensic inpatient population indicated that they required an interpreter¹².

¹¹ Statistics sourced from 'East London NHS: Interpreting, Translation and Sign Language Services Report, 2008'.

¹² Statistics sourced from 'North East London NHS: Ethnicity Census, 2009'.

2.6 Ethical considerations

Ethical approval was granted from the University of East London's research committee (appendix four). The National Research Ethics Service (NRES) advised that this research did not require ethical review by a NHS Research Ethics Committee. Supporting documentation is shown in appendix five.

2.6.1 Informed consent

The participant information sheet (appendix six) outlined the research aims and procedures of taking part and detailed the steps taken to ensure anonymity, reinforcing that participation would have no bearing on their current or future work with their agency or within a MSU. Because this information sheet provided the basis of the letter inviting them to participate, potential participants could consider this information prior to volunteering. Once they had made contact with the researcher, an opportunity for further questions to be asked was given, prior to arranging a time to interview. Upon meeting, it was ensured that the participant had fully understood and considered the information outlined and a verbal account of the information was provided. A consent form was given to each participant to read (appendix seven). They were then given another opportunity to ask any further questions prior to being required to sign the consent form. Each participant was reminded of his or her right to withdraw from the study at any time up to three months after the interview date. This time limit was set to ensure that the researcher was not left without any usable data during the critical write-up period prior to submission. The participants were reminded that they did not need to give any reason should they wish to withdraw, and the procedure for destroying the interviews and corresponding transcripts and analysis was explained.

2.6.2 Confidentiality

In order to protect the individual anonymity of all of the interpreters signed to an agency from the researcher, it was agreed that the agency would

distribute the participant information sheet to all interpreters, and should an individual wish to participate, they could then volunteer directly via the details made available. Furthermore, by volunteering directly, the interpreter could be further assured that their participation would have no impact on their employment with their agency, and the names of any interpreters agreeing to participate would not be disclosed to the agency.

Confidentiality was fully outlined to the participants. They were informed that although verbatim quotes would be used in the write-up, all identifying information would be removed, and a pseudonym would be assigned to them. In the transcription of interviews, any information that could lead to their identification, and all third parties and place names, would be omitted. Participants were informed that the transcribed interview would be stored under their pseudonym, and all data (including demographic information, recordings and transcripts) would be kept in a lockable storage device, with any identifiable information stored separately. All participants were informed of the circumstances under which confidentiality could be broken; namely in the event that the researcher thought that the participant may be of risk to themselves or others.

2.6.3 Potential distress

Although it was hoped that the interpreters would appreciate the opportunity to discuss their experiences interpreting in a MSU, an ethical consideration was the potential distress this may cause. This was addressed by providing detailed information prior to the interview regarding what would be involved in taking part. Furthermore, participants were made aware that they did not have to answer any questions that they did not wish to, and they could ask to take a break at any time. Participants were advised not to share any personal or historical experiences with the interviewer in an attempt to ensure that they do not find the interview upsetting. At the end of the interview each participant was fully debriefed and given the opportunity to discuss how they had found the interview. Finally, they were given a full debrief information sheet containing a detailed

list of sources of support should they require them (appendix eight).

2.7 Data collection

2.7.1 Semi-structured interviews

The limits imposed by specific questions in a pre-designed research questionnaire may confound the complexities of emotions and meanings (Robson, 1999). Semi-structured interviews lend themselves more easily to capturing these complexities, and are considered the exemplary method of data collection for IPA (Smith *et al*, 2009). A semi-structured interview schedule (appendix nine) was designed to guide, rather than dictate the interview in order to facilitate the participants in telling their story in their own words. As suggested by Smith *et al* (2009) this schedule was used flexibly and was delivered in an open-ended and non-directive style in order to allow for unanticipated areas that arose to be explored, and to follow the participants' line of thought. All bar one of the interviews took place in a meeting room at the University of East London. One participant asked if the interview could take place at her home, and this was agreed upon. Interviews lasted between 45 minutes and 1 hour 10 minutes and were audiotaped. Following each interview, the researcher made extensive notes in order to record any reflections on the interview process. All the interviews were transcribed verbatim by the researcher.

I was pleased with how the interviews progressed, and was optimistic about how much the participants had shared and how open they were about their experiences. It became quickly obvious that the interpreters found the interviews, to some extent, therapeutic – in that they all commented how useful they had found the interview and how pleased they were to have had the opportunity to share their experiences, with this opportunity seeming like a rare occurrence for them. Therefore, I felt that the choice of semi-structured interviews had been entirely justified. Their experiences were the objective of my research, and the semi-structured, non-judgmental environment provided the space for them to talk freely

about them. During the interviews, I felt anxious about some of the highly emotive and personal material they were sharing, but quickly realised that the participants wished to talk about important experiences they had encountered, and wanted to find a place to explore and process them. The participants were aware prior to agreeing to the interview that I was trainee psychologist, and I wondered whether the participants may have used the interview context as an opportunity to be heard, due to their existing construction of the role of a psychologist. Due to this construction and the participants' experiences of having an inside view of psychological therapy sessions when interpreting for patients, they may have had unconscious preconceptions about what the interview would entail and what was expected of them. One of the participants, following the admission of a very highly emotive personal experience, expressed that she did not like disclosing her personal matters to people, due to a dislike of being in a position where somebody knows information about her that is not reciprocated. This interview was participant led and can therefore be identified as a 'one-way' relationship. I reflected on this after the interview and wondered what this could mean about how she had perceived the interview, and me.

2.8 Data Analysis

IPA was utilised to analyse the transcripts of the semi-structured interviews. Guidelines for ensuring quality in qualitative research further informed the analytic process (e.g. Spencer *et al*, 2003; Yardley, 2000). IPA is not deemed to be a prescriptive approach, however; Smith *et al* (2009) provide a set of flexible guidelines in approaching analysis.

Staying true to IPA's idiographic commitment, the first stage involved the analysis of the transcripts individually. Each transcript was read and re-read several times, initially with the tape of the interview playing alongside. From this, it was possible to highlight richer or more detailed sections and begin to become immersed in each participant's world.

By listening to the tapes of the interviews, I hoped to place myself closer to the words spoken in order to connect with the text. It provided the opportunity to remind myself how I was feeling at specific points during each interview and I noted this alongside the transcript. It further allowed me to understand the tone of the participant's voice and how this linked to what they are saying. For example, in one interview, one of the participants was expressing what could be lost when interpreting if the interpreter does not convey the meaning behind the words. She exemplified sarcasm and repeated a phrase twice, first using a 'neutral' and second a 'sarcastic' tone. This may not have been picked up on if I had only read the text, without the audio playing alongside.

During this initial stage of reading and re-reading the transcriptions, notes were made in the left-hand margin of initial thoughts about the content, language use and any interesting or significant things the participant said (Smith *et al*, 2009), in order to begin to uncover new insights and preliminary interpretations. Emergent themes were then written in the right-hand margin of each transcript. This second stage involved the move to a higher, interpretative level of concepts, although remaining grounded in the actual accounts and words of the participants.

This part of the analysis was the most rewarding and I began to feel that the months of frustration, anxiety and effort during the initial research and recruitment process was worthwhile. I was excited by what was emerging, but was aware that it did not fit the assumptions borne from my experiences. It was clear that I needed to put aside these assumptions and not 'search' for evidence of them within the transcripts, rather, remaining true to the accounts of the participants. I was concerned that I was not doing 'justice' to the accounts of the interpreters and I struggled to discard any emergent themes. I noted this in my reflective diary, and acknowledged that it was possible that I may come back and re-evaluate the importance of some of these themes.

An iterative process between the text, the analysis and the overall

transcript as a whole was used in order to isolate the most important issues and processes that emerged from each participant's account. As described by Smith *et al* (2009) the emergent themes were then extracted in chronological order, and connections between them were identified and mapped creating theme clusters. Each interview was analysed individually to this level, and each time the researcher was mindful to pay attention to any new themes that may be emerging from each account, and not prescriptively analyse each new account according to the themes that had emerged from the previous transcript, although commonalities in themes were noted. From these clusters, super-ordinate themes were identified, and again more themes were discarded and others scrutinised and reviewed. As the researcher moved through the other transcripts in light of new emerging themes, previously analysed transcripts were revisited through an iterative process of analysis.

Once all six interviews had been thoroughly analysed, the next stage focused on a cross case analysis. In line with Smith *et al*'s (2009) guidelines, similarities and differences in themes between each account were highlighted and noted along with recurrent themes. These were clustered into overall super-ordinate themes and component sub-themes, which were then revisited and reorganised. Verbatim quotes from across all the interviews were extracted in order to support and illustrate each super-ordinate theme and component sub-themes, and compiled into a Table (appendix ten).

During the process of creating a table of super-ordinate themes with corresponding verbatim quotes, I came to realise that they were not illustrative of the overall picture. It seemed that in my attempts to do justice to each individual's account, I had not fully expressed how all of the accounts nested together as a whole, and many of the themes seemed repetitive. My analysis felt 'bitty' and it seemed the concepts that all the cases shared were not being adequately represented. I was holding in mind that in order to appreciate any given part, one must look at the whole (Smith et al, 2009) and vice versa. The easiest way for me to express the

connections and potent themes illuminated by different cases, and turn my attention to the 'whole', was pictorially, which can be seen in appendix 11. From this, the super-ordinate themes were reconfigured and relabeled.

2.9 Validity and Quality

Qualitative research is often evaluated via the standards of quantitative research. However, it is impossible to judge the reliability and validity of qualitative research within this traditional framework. There are a number of guidelines for evaluating the quality of qualitative research, and it is important to review it according to appropriate criteria. Smith *et al* (2009) recommend Yardley's (2000) guidelines, describing how they apply to an IPA research project. These guidelines have been drawn upon when evaluating the quality and reliability of this research.

2.9.1 Sensitivity to context

Yardley (2000) expressed the need to demonstrate sensitivity to context. Smith *et al* (2009) highlighted that this needs to be demonstrated from the very beginning stages of the research process, and is established through the expression of sensitivity to the pre-existing literature and theory; the socio-cultural setting of the research project; and the material obtained from the participants (Yardley, 2000; Smith *et al*, 2009). The pre-existing theoretical and empirical literature is outlined in Chapter one, which illustrates the dearth of literature regarding the interpreters' experience, and any psychosocial consequences for them. This gap in our knowledge led to the development of a suitable research question. How the analysis relates to this literature, and the potential contributions of the findings to clinical practice, is demonstrated in the Discussion chapter. Sensitivity to the socio-cultural setting is demonstrated through the participant characteristics and study context in sections 2.4.3 and 2.5 above, and the means of data collection and analysis. For example, open-ended questions used in each interview demonstrate sensitivity to the participant's perspective.

2.9.2 Commitment and rigour

Smith *et al* (2009) outline that with IPA, there is an “expectation that commitment will be shown through the degree of attentiveness to the participant during data collection and the care with which the analysis of each case is carried out” (pg. 181). Commitment and rigour is hopefully demonstrated through the provision of an interview example (appendix twelve) and a paper trail of the analysis (appendix thirteen). A researcher at a social science research centre deemed proficient in the use of IPA carried out an audit of analysis. She agreed with the themes and was clear on how they had emerged from the accounts. This also demonstrates triangulation and the validity of the themes.

As a novice researcher, I was concerned that this may affect the rigour of my research project. In order to compensate for this I consulted a range of literature and attended conferences on IPA to expand my skills and knowledge. I discussed the stages of my analysis with my research tutor.

2.9.3 Coherence and transparency

Smith *et al* (2009) contend that for an IPA study, transparency is concerned with the clarity in which the stages of the research process are written up. This has hopefully been demonstrated in the previous sections of this chapter, but in order to enhance the transparency of the analysis process further, a paper trail has been provided in appendix thirteen. Reflexivity is considered to be an important aspect of a study's transparency, and this has been demonstrated throughout the chapter, enhanced through the use of reflective paragraphs, in the hope of aiding the reader to follow the process clearly.

2.9.4 Impact and importance

Yardley (2000) points out that the real validity of a research projects entwines with whether or not it produces something interesting, important or useful. This is demonstrated in the Discussion chapter.

CHAPTER THREE: RESULTS

3.1 Overview

This chapter presents the interpretative phenomenological analysis (IPA) of semi-structured interviews with six interpreters. Through this analysis five super-ordinate themes were identified:

- * Setting the scene: Medium secure forensic mental health units.
- * Unrecognised professional identity
- * The MSU interpreters: A superior professional excellence or mere mortals?
- * 'Catch-22'
- * The MSU interpreter and the MSU patient

What is provided is but one possible construction of the phenomenon of being an interpreter who has worked in a medium secure forensic mental health unit (MSU) for a particular group of participants. Smith *et al* (2009), emphasise that, when using IPA, the discovery of themes is based upon the researcher engaging in a double hermeneutic. Therefore, the principle researcher acknowledges that these themes are a subjective interpretation, and another researcher may have highlighted different aspects of the accounts.

The super-ordinate themes and the contributing sub-themes will be explored in written narrative in the remainder of the chapter. Although the five super-ordinate themes were common across the six accounts, there were areas of difference and divergence, which will also be discussed. Select verbatim quotes from the interviewees are presented to illustrate these themes, and further exemplar quotes for each super-ordinate theme and corresponding subthemes are shown in appendix 10.

3.2 Introduction to the themes

The five super-ordinate themes provide an overall account of what it is like to be an interpreter working in a MSU. The first theme highlights the disorientation that interpreters' experience during the process of working in a MSU. The subsequent themes go on to highlight that the participants perceive that they are demeaned, professionally and personally, in the eyes of the wider professional team. They interpret this as indicating that they are viewed as a 'machine', which has little or no professional standing or personhood. The accounts of the interpreters highlight their battle to advocate for their profession, by illustrating their pride over a role that is complex and far exceeds the functionalities of a mere machine. However, it seems from the transcripts that they become caught in a paradoxical situation that seems near impossible to be solved due to the contradictory constraints on their role (a 'Catch 22'). The necessity of being viewed as professional by the wider professional team currently demands that they leave their personhood at the door. This reinforces their role as 'mechanical' from both their own perspective and the perspective of others. The transcripts indicate that there may be a way out of this paradoxical situation via the acknowledgement by the wider professional team that the interpreter role is complex and far exceeds the functionalities of a mere machine. However, the reality of interpreting for patients detained in a MSU who have committed socially unacceptable criminal acts cuts this possibility short. From the transcripts it emerged that the interpreters employ specific mechanisms in order to make sense of the patient's experiences and offences, separating themselves from any difficult or distressing emotions experienced, and becoming 'mechanical' in their approach to this patient group.

3.3 Theme one: Setting the scene: Medium secure forensic mental health units.

This super-ordinate theme captures the participants' disorientating experience of the process working in a MSU. During this process, the interpreters become disorientated, apprehensive, and fearful as a response to the paucity of information being provided. The interpreters describe their experience throughout the different stages of the process of working in a MSU. Outlined in the subthemes, the actual process of working in a MSU incorporates four main facets different to any other job, and a general reflection that, for interpreters, it is not a normal experience.

3.3.1 Where? Why?

This sub-theme illustrates the first aspect of the participants' experiences of the process of working in a MSU. The participants told of the initial process of being sent on a job, and the disorientating experience of not knowing to where they are being sent or why. The paucity of information given to them resulted in feelings of fear, unease and having numerous questions left unanswered. Vera gave an account that captures the overall reaction from the participants upon arriving and entering a MSU:

*“...all I know is you go to this place you don't know is it a hospital?
Is it a prison?....*

*.... When you're in there you're still probably like. Where am I?
What is this? Where am I? What is this?”*

(Vera: lines 246, 249-250)

Vera's language and use of questions, which remain unanswered, indicates a sense of unknowing and apprehension of this unfamiliar context. From this she begins to question where she is, which illustrates a move from a spatial to an existential disorientation. This state of

unknowing and apprehension is echoed in the following extract of Adrianna's account of being sent to a MSU:

"...every time you get a job you don't know where you going, who you meeting, which is ok but sometimes it can be difficult because you don't know... Where you going, what's happening to you... they gave me the directions, I went there. When I went there I was waiting in reception and again no one said anything"

(Adrianna: lines 51, 55-56)

Adrianna illustrates the lack of information given even upon arriving and entering the unit, and the ways in which an interpreter is left to wait in a state of unknowing of where they are or what the job will entail. She continues to describe what she thought and further describes how it made her feel:

("What were you thinking?": Researcher)

"I said to myself, uh oh, where am I? Because I didn't know, they didn't say to me where (...) I was scared."

(Adrianna: lines 62)

In response to the researcher's question, Adrianna reflects on what she was thinking, and her expression *"uh oh, where am I?"* portrays apprehension and fear of this unknown situation. Her statement that she *"didn't know"* and that *"they didn't say to [her]"* where she was, conveys that she attributes her apprehensive and fearful state to a lack of knowledge. Without prompt from the researcher, Adrianna went on to reflect on how this made her feel, and disclosed that she felt scared.

Vera and Adrianna were the only participants to actually voice being scared; with the others stating specifically that they were not scared. This is thought to be because Adrianna was the only participant to state that following her first experience in a MSU, she made the decision not to accept a job within a MSU ever again, and Vera was the only participant to

explain that she was quitting her job as an interpreter and retraining. Therefore, neither of them would be continuing to work in MSUs. However, because in all of the participants accounts the word 'scared' or 'scary' was used to describe or deny a feeling about turning up to this setting without prompt from the researcher, it portrays that there is something scary relating to the MSU setting. The remaining participants emphasis specifically denying their fear depicts that there is a perception that if an interpreter is to work in a MSU, fear of the setting is not permitted, recognised or acknowledged. Bibi and Mehmet expressed that they knew other interpreters were scared, and along with Sandra, emphasised that they themselves were not. Irena's repetition that the prospect of going to a MSU did not scare her further depicts that there is something 'scary' in regard to a MSU. She justified her lack of fear by stating:

"...it didn't, it didn't sort like, you know, scare me because I do interpretations in prisons as well I go to all prisons around London so it didn't scare me"

(Irena: lines 323-324)

Irena's comparison of an MSU to a prison portrays her preconception aligning a MSU with a custodial detention centre as opposed to a therapeutic hospital. At this stage of the process of working in a MSU, by drawing on her previous experience in prisons, Irena was able to prevent any fear that may have arisen from this seemingly unknown and new setting.

3.3.2 The unique practicalities of an unique setting (a MSU)

"Normal mental health hospitals people are more freely out and doors are not locked, you don't have an alarm or anything. It is definitely different."

(Bibi: lines 310-311)

This sub-theme highlights the second aspect of the process of working in a MSU. It outlines the environmental practicalities upon entering the MSU that make it unique to any other mental health setting due to the security measures in place, and therefore unique to the interpreters' previous mental health experiences. Despite variations in accounts, the participants described their reactions to the surroundings and the corresponding impact it had on them. Although Irena previously explained that due to her preconceptions of a MSU, she was not initially scared of the setting, she describes feeling shocked upon entering the environment of the MSU:

"I remember first time when I went to [MSU name] I was, shocked. Well, not shocked as such but overwhelmed ... they check the staff's finger prints, you have to wait in the door ... when the other door closes then ... you can go through the door, it's a little bit ... overwhelming ... the whole experience, in the secure unit the windows ... you can't open them, they've got bars"

(Irena: lines 420-423)

Irena's description of the MSU environment and feeling overwhelmed and shocked demonstrates that upon entering the MSU, the reality of the environment is very different to her preconception. This indicates the difference between a MSU and a prison, further illustrating its uniqueness to any other setting. Adrianna reflects on her feelings of shock, and explicitly states that it was the environment, as opposed to the actual interpreting job, that she was affected by. This highlights that the MSU environment itself can have an emotional effect on an interpreter.

"...but with [MSU] the place, it wasn't the actual job that affect me, it was the environment and maybe shocking me"

(Adrianna: lines 258-259)

Adrianna's statement that it was the environment that she found shocking further highlights the MSU environment as a unique setting, different to any other previous job. As initially illustrated in Irena and Bibi's quotes shown above, the interpreters describe the disorientating experience of

going through several locked doors and feeling locked in. Vera described her emotional reaction to being locked in:

“... they will put you for example in a room and lock you there and you’re in the room, and ... can’t open the window, can’t breathe properly”

(Vera: lines 260-262)

Vera’s account indicates a claustrophobic experience highlighted through her description of the imposed restriction she senses from the locked doors and closed windows, and the sense of suffocation in not being able to *“breathe properly”*. Sandra also describes her feelings upon her first experience of MSU surroundings. Sandra begins to say that she felt scared, but quickly retracts this, which further illustrates the notion that fear is not permissible, but yet there is perhaps something to be fearful of.

“I found certainly the first time with all those doors I was sca, I wouldn’t say I was scared, because I wasn’t scared, but I just thought, this is just, this is just very, very odd”

(Sandra: lines 282-283)

The participants reflected on their reaction to have been given an alarm. The accounts show that the process involved in receiving this alarm is that they are told it is for their safety, but perceive that they are not fully informed as to why it is issued. This presented a bigger sense of unease and unknowing about what the actual risk is, and a fear for their own safety.

“They insist on giving you a screamer. You’re just like; why on earth do I have to wear this? Erm, you know nothing. Before you go they don’t tell me what it is”

(Vera: lines 247-249)

Vera's account indicates that she felt urgency from the service provider to equip them with an alarm without a full account as to the reasons why, evoking suspicions of threat and danger. The interpreters' discussed how having information about a MSU environment protects them from becoming disorientated. Since the interpreters' are not provided with this information, they discussed the need to discover it for themselves. Mehmet's account highlights that self-preparation involves obtaining knowledge about a MSU environment, which resulted in his job at a MSU being a very "*routine assignment*" for him.

"I knew more or less what it could be um because I knew what is forensic means and um so I was prepared to go to sort of a bit isolated area ... locking the doors, you need to be careful about your belongings as well so that ... the attitudes of the wards to people, the staff, so actually I prepared myself, this is why it was kind of a very routine assignment for me"

(Mehmet: lines 37-40)

3.3.3 The 'need to know' gap

This subtheme addresses the participants' accounts of the importance of knowing what was expected of them, and what they should expect, prior to a session in a MSU.

Sandra talked about the uncertainty of what is expected when working in a MSU. Her repetition of the word "*rules*" portrays that she feels bound and restricted, but is unsure to what extent.

"... the odd thing about working in those situations is that you don't really know the rules, and the rules are clearly written very large, aren't they? there are all these rules and these rules are enforced in a way that I don't think anything else in life is enforced ... they have these very rigid rules and you're not privy to them so you don't know what you're allowed to do, and, and I certainly (sighs), I don't know... ... I don't quite know, you know, whether I'm going to put my foot in it and do something wrong"

(Sandra: lines 277-282, 283)

Her choice of statement that the rules are “*clearly written very large*” but yet she is “*not privy to them*” indicates her disorientation and sense of a unknown restriction, with a fear of possible consequences if you ‘get it wrong’, but no guidance as to ‘what to do right’. Vera illustrates the emotional reaction she experienced after being sent unprepared to see a patient in a MSU.

“The least they could’ve said was ... when they take you to the nurses station, ‘just so you’re aware, this and this is what’s happening with the patient’ or just be aware, be prepared, but I didn’t get that. And I just remember I was miserable for days. I cried, I think I sobbed for 3 days, yeah couldn’t sleep properly”

(Vera: lines 197-200)

Her account indicates that this lack of knowledge can have a profound effect on the emotional well-being of an unprepared interpreter. Irena gave an example of a time that she was given information and thus felt prepared prior to a session.

“... the lady was quite good ... the English speaking, because she had a chat with me first of all and she explained to me that she was there to prepare the report ... to go to court before the [language] speaking person was sentenced”

(Irena: lines 347-349)

Irena’s description of the service provider as “*good*” conveys that this was a positive experience for her.

3.3.4 Post session processing

From the accounts, the course of interpreting in a MSU concludes with the need for the interpreter to find a way to process what their experience had

entailed. The participants explained that they could not attend another job immediately after working in a MSU, whereas other jobs can be completed 'back-to-back'. For some, time was needed alone to help them move past their experience; for others, it was a need to be heard and supported.

"... you come out and you want to sit down and just you know take few deep breaths because, you know, it drains you out... I feel I need a break after that, I couldn't go straight, you know like sometimes I go from one session to another..... in a place like that I do need at LEAST half an hour just, and ... I don't, I try even that's my way of dealing with that, when I come out from the intense session, I don't go on a bus or on a train, I don't want to be with people, I just want to walk for a bit"

(Irena: lines 672-675, 682-684)

Bibi also expresses the need to spend time processing the experience but takes it further, disclosing that the consequence of not having time to process means that it will continue to stay with her:

"When I go to there, the secure, at least 3 hours after (...) because the words and the information, if I don't feel it, it will be floating around in my head"

(Bibi: lines 453-455)

She goes on to describe how she prevents things from "floating around in [her] head":

"EVERY TIME she is saying the same thing, she is crying in tears, really genuinely, but the same thing, same words, I mean before even she says it, I can say to the service provider what she's saying because I know it has been dug in my head, and I go home change myself and throw myself into gym and sports centre and group activities and I just go mad. Physically, I just go mad, and when I come back I feel like there is a little bit of relief"

(Bibi: lines 467-471)

Bibi's description that the patient has been "*duggen in [her] head*" implies that Bibi has identified with the patient's distress, and needs to manage these complex emotional reactions and seek "*relief*" from them by going "*physically*" mad in the gym. From the transcripts it emerged that the interpreters are forced to turn to a trusted friend or family member outside of the interpreting profession in search of the support they are not receiving from the agency or service provider.

"I bring it home, and my long-suffering husband has to hear me carrying on..."

(Sandra: lines 233)

Sandra's description of her husband as "*long-suffering*" suggests she sees this as a painful endurance for him. Her description of herself "*carrying on*" indicates that without any other means of processing her experiences, she repeatedly "*bring[s] it home*" and talks about it at great length. This illustrates how the interpreters' experiences continue to stay with them post-session, and the impact of them on their personal lives.

Furthermore, what emerged from all the participants' accounts was their feeling that the opportunity to be heard by an outsider (the researcher) was valuable to them, and on some level therapeutic.

"It's good to have someone to listen, my experience, because we never ever had this" (Adrianna: lines 737)

In the example above, Adrianna talks from a subjective position saying it was good to have someone (the researcher) to hear her specific experience. She then moves back to be part of the collective group, portraying that she is also talking on behalf of her colleagues when explaining that they have never had someone to listen. This illustrates the dearth of support and supervision for interpreters.

3.3.5 Overall, it might be normal for you, but not for us!

Reflecting on their experience of the overall process of working in a MSU, the participants described how they felt that the mental health workers working within the MSU should be more aware of how it is not an everyday setting for them. This is exemplified in a quote from Adrianna's account:

"...they're used to it and they don't feel that the interpreter should be any different, like ... in mental health hospitals and secure units and things like that"

(Adrianna: lines 236-237)

Sandra also makes it clear that responsibility should be placed with the service provider to acknowledge that the MSU environment is not normal for interpreters, and to take steps to ensure that they are aware of the "peripheral" elements.

"I think the clinician has the responsibility for kind of going, taking you through, and it's not even the interpreting side of it, it's the peripheral side of it, that's the point, thinking about settings... ... it's easy question, '... have you ever been here before?'"

.(Sandra: lines 411-413, 431)

She goes on to hypothetically describe what these are, suggesting in her account what needs to be communicated in order for the interpreter to feel orientated with the environment:

"...that person should be saying to you, you know there's lots of doors here, it's going to be ok, because, I've got the keys or whatever, you know, do you need to use the loo?"(Sandra: lines 435-436)

3.3.6 Summary

Overall, this super-ordinate theme has presented the disorientation experienced by the participants during the process of working in a MSU. The lack of information throughout the process causes this disorientation, and contributes to the paradoxical situation that the interpreters find themselves in, which is discussed throughout this chapter. A need for recognition by the service provider of how peculiar these processes are for interpreters is warranted, and as illustrated by Sandra's quote above, it can be argued that it may be key in alleviating the feelings of fear, apprehension and disorientation experienced in relation to the MSU environment.

3.4 Theme two: 'Unrecognised professional identity'

This super-ordinate theme captures how the participants perceive they are judged in the eyes of the wider professional team. The transcripts indicate that the interpreters feel that the team demeans them both professionally and personally. It highlights the frustrations felt by the interpreters at not being valued or respected by the wider professional team, the perception that they are left at the mercy of this team and are not granted any rights or protection, and finally, their belief that they are viewed as a mere 'machine'. Furthermore, what is expressed is that this perception of how they are demeaned by the wider professional team is part of the catalyst that creates the paradoxical situation.

"...they talk about 'ordering' an interpreter. Like you order a pizza."
(Sandra: lines 216)

Sandra's quote above indicates that interpreters perceive that they are seen as a product rather than a professional employed to do a job. Using the simile of pizza ordering could indicate that Sandra is actually trying to say that, to the professional team, she is no more than a common consumable; and to extend the simile further, once the pizza is consumed,

she (the pizza box and any uneaten food) is 'binned' as of no further interest. The sub-themes draw upon the various reflections the interpreters make to describe their experiences and conclude that they are not seen as having any professional worth.

3.4.1 “You’re just an interpreter. Shut up!” (Mehmet: lines 237-238)

Despite variation in individual accounts, the participants described their frustrations at not being valued and respected as a profession. Vera insightfully commented that:

“I do not unfortunately have a profession that’s valued and respected in the system”

(Vera: lines 524-525)

Mehmet illustrated the view that interpreters are seen as lesser professionals who have nothing valuable to add, by giving his impression of the reaction he would get from a service provider should he offer thoughts on the session.

“...actually I have some suggestions about the questions that could change ... to get information about, well in mental health, but people say, oh, you’re just an interpreter, shut up!”

(Mehmet: lines 236-238)

His description of the reply, tone of voice and the emphasis he places on specific words indicate that he expected an aggressive undertone to the reply he would receive. In response to being asked what it was like to expect that reaction from people, Mehmet was clear that he did not think this of himself, which implies that the interpreters face a battle to advocate for a role that is complex and deserving of recognition. His repetition of the word 'just' and the forcefulness of his tone, convey that he perceives he is viewed disparagingly:

"I don't see myself just an interpreter..."

... some people's point of view is I'm just an interpreter, just, but I'm never seeing myself just"

(Mehmet: lines 243, 252-253)

Vera's grievance at being viewed as a lesser professional were a focal point for her throughout the interview, and about which she talks on several occasions. Her tone of voice communicated her anger and frustration. Vera highlights how the wider professional team is able to integrate their personal and professional identities by introducing themselves with their name and professional title, yet she is denied this integration, strengthening her grievance that she is viewed disparagingly:

"...the dismissive behaviour (...) of interpreter. Oh, usually you don't have a name as an interpreter. So this is Amy the psychologist, this is Doctor Smith the consultant psychiatrist, this is the interpreter"

(Vera: lines 518-520)

Bibi paralleled Vera's example of not being recognised and not having a name, explaining that she is not given the opportunity to be introduced or introduce herself. This implies a lack of acknowledgement that she even exists, professionally or personally.

"...everybody introduces ourselves and when it comes to me he starts talking"

(Bibi: lines 251)

Although in a different way, the notion of not being acknowledged by other professionals was also talked about by Sandra. For her, it was the lack of acknowledgement and consideration:

"...that's happened, not once, not twice, not three times, not, it's happened to me, I keep getting caught out. Because I keep sometimes taking home, well, now if I know it's the crisis team I

insist on getting a phone number and I insist on phoning them and saying can I meet you at your base, because, New Year's Eve, in the snow, at 7 o'clock at night, still really resonates with me, you know, it was SNOWING and it was New Years Eve and I'm standing there for an hour in the street!"

(Sandra: lines 223-227)

Her description of how she ensures that this situation will not happen to her again reveals her initiative to ensure that others acknowledge her. The repetition of her experience that night, and her choice of saying that it still resonates with her indicates that she had not processed it and was struggling to make meaning from it, and portrays that this disregard was felt on a personal level.

Vera was the only participant to have trained as an interpreter in her home country. Therefore, she was the only participant to talk about the differences between two different countries as to how interpreters are respected.

"...for example I said back in [country] for example you have to go back to University to train as interpreter. Over here you do have basic 10 week courses..... (Vera: lines 30-31)

She describes these differences as frustrating and explained that due to them she had chosen to pursue a different career in the UK. Vera views herself as *"qualified"* (line: 68) and her UK colleagues as *"unqualified"* (line: 69), which further highlights her exasperation at the differences between the countries.

"Over here as long as you speak a second language, doesn't matter how well you speak it even if you speak it quite poorly you can get away with calling yourself an interpreter (...) so long story short, back home its more boundaried, its seen as a serious profession, whereas over here its like every tom, dick and harry does it"

(Vera: lines 43-46)

Vera's account that "*over here it's like every tom, dick and harry does it*" represents that for her, in the UK, an interpreter is 'nobody of note'. The vast differences in the required training needs for mental health professionals and interpreters in the UK possibly lay the foundations for, and exacerbates the view that, interpreters are not of equal professional standing. Sandra provides another perspective on why an interpreter may be treated as an unequal professional colleague, implying that the service provider has a "*real resentment*" (line: 343) about having to work with an interpreter.

"And I think... I think there's kind of a real awkwardness of having to share your professional space in some way..."(Sandra: lines 315-316)

This resentment indicates that the service provider sees the interpreter as potentially infringing on the relationship between themselves and the patient.

3.4.2 "A bit like I'm not worth protecting" (Vera: line 273)

A salient theme that emerged was the participants' perceptions of the lack of equal rights to safety and being protected, and being at the mercy of others. This portrays that they do not view the service providers as granting them any rights, and need to rely on this 'mercy' if they are to be given information, support or protection. In response to being asked what her experience of pre-session briefing and post-session de-briefing was, Vera explained that for her it was completely dependant on the "*professional's mercy*", and without this mercy their job would be made very difficult as they would be "*thrown in at the deep end*".

"... it depends on the professional's mercy though, of you as an interpreter... Sometimes yes, ...other times you're being thrown in at the deep end"

(Vera: lines 164, 168)

Mehmet's account highlights that he believes that it is the interpreter's responsibility to gain pre-session information, but portrays that they have no authority over whether they will receive it, further illustrating how the lack of recognition or acknowledgement from the service provider creates a 'Catch-22': to complete their job effectively, the interpreter needs information, however, they are not always provided with this information. His account shows that although the interpreter attempts to ensure that they are adequately equipped to complete their role efficiently, they are unable to due to the lack of recognition and acknowledgement of what is needed for their complex role.

"... its one of the responsibility as an interpreter to ask for briefing, of course it's up to service provider to decide whether she's going to give it to me."

(Mehmet: lines 62-63)

The participants gave at least one example of a time they felt that they had been put at risk, and their safety needs were not considered. Vera illustrates this with an example in a MSU when she was left in the corridor, unable to enter the staff-base as she did not have keys to open the locked door.

"they take you in the ward area and the nurse for example pops into the nurses station. You're just standing outside and the other patients come up to you and they hassle you.... once I remember I was pushed by another patient...."

(*"How did you manage that?"*: Researcher)

"... knocking on the nurses station window, nurse just very kindly ignoring me. Me knocking louder still nothing happening until I bashed against the window and then she let me in"

(Vera: lines 262-264, 268-269)

In response to the researcher's questions, she described how she interpreted being left outside, expressing that this led her to believe that her safety was of little importance to others.

(“How did that make you feel?”. Researcher)

“...well a bit like I'm not worth protecting I guess. ... you know, them being a bit oblivious to what's happening with you”

(Vera: lines 273-274)

The other participants also highlight how they are not viewed as an equal staff member, who qualifies for the same protective measures as granted to the service provider. From these accounts, illustrated by the following quotes from Sandra, what is portrayed is that the interpreters believe themselves to have the same 'at-risk' profile as the service provider's, yet are pigeon-holed at the same level as the client (the source of the risk!).

“One thing that strikes me about going into these hospitals is how unaware of my safety the mental health professionals are, so, they've got alarms hanging from their waistbands but they think nothing about asking me to sit in the smoking room for example!”

(Sandra: lines 286-288)“I am actually staff, and if you don't mind I would like to sit in the nurses station or if you can find a room away from the patients, and they look at me, ‘who the hell do you think you are?’”

(Sandra: lines 304-306)

Sandra's perception of the meaning behind the 'look' she is given echoes Mehmet's earlier view of being the recipient of an aggressive reaction from the service provider. The accounts indicate that there is a hierarchical system. If there is a risk from the patient, of which there is an impression, the interpreters are not viewed to be of a high enough ranking to benefit from the protective systems in place. They are expected to deal with things in a way not expected of the service provider.

3.4.3 “most of time I feel like a voice machine” (Bibi: line 572)

From the accounts, the participants perceive that service providers view them as a mere ‘machine’ with no professional standing or skills, and no personhood. This emerged to be a point of displeasure for the interpreters.

The accounts indicate that the participants strive to have their professional status and personhood acknowledged by service providers and when they feel demeaned, they are irritated and in some cases seek revenge, as illustrated by Bibi:

“... sometimes I feel like I being treated like a voice machine and I really hate that I mean that really gets on my nerves and to be honest I will make the service provider life difficult ... in a subtle way”

(Bibi: lines 61-63)

Illustrated in the extract from Bibi below, the interpreters put forward that although their job is in some ways pragmatic, in that they are needed because there cannot be a direct communication between the service provider and the patient, they still want to be seen as a professional body as opposed to a machine.

“I need to be invisible but same time at the beginning you can acknowledge my professional body there, exists”

(Bibi: lines 254-255)

Sandra’s account demonstrates the hopes and expectations the interpreters have of the service provider, which are then squashed by the way that they perceive they are actually viewed.

“I sometimes feel like mental health workers, more than any other type of workers, see interpreters as a piece of equipment, but I

somehow have expectations that mental health professionals might actually consider the personhood of the person they working with”
(Sandra: lines 212-213)

It is possible that Sandra’s hopes are born due to a preconstruction of a mental health worker as a ‘caring, empathic’ professional who works with individuals stigmatised by society. Yet, in her eyes, this care and empathy is not extended to the interpreter. Irena illustrates the pleasure that the interpreter gains on the occasion when they are recognised as a “*being*”. Her description of being “*in that circle as well*” portrays her delight at being seen as an equal.

“It is nice to say people that you’ve worked with, like they acknowledge themselves as a being, that you’re a being, in that circle as well.”
(Irena: lines 579-582)

3.4.4 Summary

This super-ordinate theme illustrated the ways in which the interpreters view that the wider professional team demeans them both professionally and personally. The ways in which they are disparaged frustrates, angers and upsets the interpreters, resulting in their perception that they are viewed as a ‘mere machine’. This aligns with the notion that the conduit model of interpreting is the default model expected by service providers.

3.5 Theme Three: The MSU interpreters: A superior professional excellence or mere mortals?

This super-ordinate theme and concerning sub-themes captures the grounds on which the interpreters argue for their occupation to be perceived as a professional body; in particular, their need to prove that they and their jobs deserve more than the manner in which they perceive they are viewed by the wider professional team. The sub-themes encapsulate the complexities of the interpreters’ role from their

perspective. Unlike the view of the wider professional team that they are just a 'machine', the interpreters view that their role is complex and far exceeds the functionalities of a mere 'machine'. Furthermore, these interpreters who have experienced working in a MSU view themselves as an elite professional minority; the members are those who are equipped to work in MSUs. Finally, the interpreters' view that in order to be a 'professional' in a MSU, they must adhere to the expectations of the wider professional team, and leave behind their personhood. Due to this, they begin to view themselves as a machine.

3.5.1 The cream of the crop

This subtheme encapsulates the interpreters' accounts that it is only specific interpreters that have the skills to 'handle' working in a MSU. Additionally the transcripts indicate that the participants are aware that many interpreters turn away or refuse to accept jobs in a MSU. Adrianna specifically illustrates the profile of those interpreters who do not accept these jobs, reflecting that a MSU is not a place to which she would ever wish to return. Bibi's account captures the overall notion that only certain interpreters can meet the demands put upon them by a MSU, and undertake a job there.

"It's ok for me, but apparently it isn't ok for other interpreters."

(Bibi: line 429)

Although illustrating that she is one of the elite interpreters who can manage a job in a MSU, Bibi's account indicates that it is not uncommon for interpreters to refuse a job in a MSU, and that the interpreter agencies are more than aware of that.

"The reason I got the second patient with that is because [agency name] and said that [Bibi] do you mind to take on another patient? Because my other interpreters they do not want to go there and as far as til now that you didn't complain' and I said that '..you know,

not a problem , what's the problem with that place?' Apparently they don't feel safe"

(Bibi: lines 4-6)

Although this is not explicitly stated, from the above accounts and themes, it seems that despite the agencies being aware, the MSU service providers are oblivious that many interpreters refuse such jobs, and those who accept are therefore an elite group.

Adrianna voices Bibi's "*other interpreters*" and the agencies' awareness of them:

"...they know I don't go there and they say, 'oh we know, interpreters, they don't like going there"

(Adrianna: lines 77-78)

Adrianna reflects on her feelings about MSUs, and infers that the environmental factors of a MSU ("*actually to go there*") is outside of her capabilities.

"...you meet the clients, they kill someone, something happen, it's fine, but actually to go there is, is, it's not for me. I cannot do it."

(Adrianna: lines 91-92)

She further reports that her agencies are aware, and her revelation that they do not ask her depicts that this is a norm, and accepting a job there is not an obligation for interpreters. The other side of the coin is that there is only a minority of interpreters who feel equipped to interpret in a MSU.

3.5.2 "You need my professional services to be able to provide your service" (Bibi: lines 248-249)

Illustrated in the title quote taken from Bibi's account, this sub theme encapsulates the participants' voice that they are a vital necessity, without

which the service provider could not deliver their job effectively. As seen in the previous theme, this is not how they perceive the service providers view them. The interpreters understand that in an ideal world, communication would happen directly between the service provider and the patient. However, given that this is not the case, Irena illustrates that in order to provide equal access to therapy, there is a need for an interpreter as a vital member of the team:

“... any kind of therapy works the best if it’s done just by the therapist directly communicating with the service user but .. obviously ... it’s not possible so they have to use interpreters”
(Irena: lines 334-336)

Mehmet’s account illustrates the interpreter’s knowledge of the obligation for equal access to treatment, as highlighted in the legislation outlined in Chapter One, by expressing the necessity for an interpreter to be present.

“... it’s a statutory obligation because people don’t ... doesn’t know the language and you have to provide the service so you have to arrange an interpreter.” (Mehmet: lines 244-246)

Irena’s account further indicates that without the use of an interpreter, it would be impossible for non-English speaking patients to communicate with service providers. This gives strength to the interpreters’ justification that they are a vital and skilled service and should be viewed as such. Her articulation of overcoming a “*barrier*” highlights the significance and importance of her job in her eyes:

“...you help them to overcome the language barrier because without you they wouldn’t be able to communicate with each other”
(Irena: lines 61-62)

3.5.3 “Because translation is not just about the words” (Vera: line 127)

The participants reflected on the complexities of their job. It was apparent that they viewed others as believing the role to be simplistic (just a machine) and they were keen to correct this notion. This subtheme demonstrates how even the most professional elements of the job are more complex than the functionalities of a mere ‘machine’, as argues by Vera:

“... it’s really hard to interpret something if you don’t understand how the system works. Because translation is not just about the words. It’s about understanding, making sense of the information that’s being given to you.”

(Vera: lines 126-128)

It is understood from Vera’s account that a machine would ‘simply’ translate the words, and the job that the interpreter undertakes is far more complex. Sandra further illustrates the importance of knowing the background information in order to understand the meaning of what is being said, reinforcing that a lack of this contextual information hinders the interpreter’s work. Referring to an experience when she had not been informed about what the session with the patient would entail, Sandra contrasts other people’s perception of the simplicities of interpreting, and the reality of the situation, illustrating the reason why, potentially mono-linguists would perceive the interpreters’ role as that of a machine:

“... people think that if you just have the words, you just say the word, but actually, if you don’t understand the context... ... the whole thing is really quite awkward”

(Sandra: lines 182-183, 185)

This outlines the irony of the service providers view that the role of an interpreter is ‘simple’ and prior information does not need to be provided to them (*“it’s up to the service provider to decide whether she is going to give*

[information] to me” Mehmet, lines 62-63). By not providing this information, the service providers are creating an even harder job for the interpreter. Bibi’s account describes the differences between “*knowing the language*” and being “*bilingual*”¹³. She reflects that it is “*mentally draining*” either way, due to the necessity for other skills which she does not describe. This implies the personal skills involved alongside the more professional elements of the job.

“...because it’s not a case of just knowing the language, it’s a case of skills as well within interpreting. And, again it’s not that easy, unless you’re bilingual, even if you’re bilingual you need to be able to know the techniques and do them to be able to understand how mentally draining it is”

(Bibi: lines 185-187)

However, later in her transcript she described an example whereby a service provider had attempted to communicate with a patient whose language he spoke, but was not proficient in. She describes communication becoming confused, and it appears that it was the ‘skills’ of the interpreter (more than just language ability) that were missing. This supports her reflection that it is more than “*just knowing the language*”, and therefore, is more than the capabilities of a mere ‘machine’.

“If you are not fluent in the language, what you are doing is translating from one language to another in your head because first you think in your mother tongue and then translate it. If the meaning changes you need to be able to think in two languages because it’s a different concept and that’s why they were getting confused with things that he said before and that’s the reason they need interpreter to get it clear again”

(Bibi: lines 357-361)

¹³ understood to mean proficient in two or more languages, with equal understanding and control over each.

In order to understand the meaning of what is being said, Vera demonstrates the need to attend to non-verbal communication skills. She talks about how this is made difficult when the interpreter is required to sit behind the client, as at some units which seek to encourage a therapeutic relationship between service provider and client. This further indicates the role is far more complex than the capabilities of a mere machine, which would not have the functionalities to read and understand the non-verbal cues.

“... the communication is how much 20 or 30% verbal and 70 or 80% non verbal? When I sit there I don't see what's happening in the person's face which makes interpreting incredibly difficult. Sometimes you don't hear properly, so things like sarcasm for example. If you say 'well done' or 'well done' it, I sometimes miss out on those things as an interpreter and my job is to enable successful communication.”

(Vera: lines 659-633)

3.5.4 Summary

The interpreters recognise that their role is complex and far exceeds the functionalities of a mere 'machine'. They outline how vital their role is, highlighting the complex skills needed, and illustrating how only specific interpreters can manage the demands of MSU interpreting work.

3.6 Theme four: 'Catch 22'

In light of the participants' perceptions that they are viewed disparagingly by the wider professional team, alongside their own views of their profession as skilled, vital and complex, this important super-ordinate theme captures the process as to how the interpreters aspire to a professional status. The interpreters become caught in a 'Catch-22', and the process of which encapsulates four main parts.

First, the interpreters perceive that others view any display or disclosure of their personal emotions as 'unprofessional', so they strive to block any emotional reactions they have. Secondly, in order to be seen as a 'professional', they perceive that they must meet any professional expectations from others, and therefore stick to the 'rules of the job' as stipulated by the wider professional team. However, ironically, by denying the interpreter vital information, the service provider makes the interpreter's role even harder and more complex. Thirdly, by displaying an inability to acknowledge and recognise that the interpreter role is complex, and by prescribing them a role equal to a mere 'machine', the wider professional team compel the interpreters to abide by these views. If they want to be seen as a professional the interpreters begin to see themselves as a mere machine. As a result, by denying themselves a personhood, and abiding by the standards set by the wider professional team, in essence, they reinforce the views of the wider professional team that the interpreter is but a mere machine whose personhood can be ignored. However, fourthly, the accounts illustrate that the reality of denying their personhood is actually impossible, and the interpreters become caught in a 'Catch-22' whereby they cannot block their emotions as desired and be a machine, yet they feel that they cannot disclose or display them.

The following extract from Bibi's account provides a clear demonstration of the overall understanding of the rules of the job as prescribed and reinforced by others in her expression that this is what she is *"being told"* and that it is *"repeated and repeated and repeated"*:

"... you need to protect yourself so this is the first rules that you are being told every time it's repeated and repeated and repeated. So ... it is just against your profession ... to feel or connect or let people go through you, their emotions go through you"

(Bibi: lines 565-567)

This quote further highlights that the participants perceive that an emotional reaction is unprofessional. Without a theoretical framework to

make sense of processes including identification, transference and countertransference, the interpreters believe that their complex emotional reactions are unprofessional. Therefore, they do not disclose them, instead attempting to block them. This leaves them attempting to manage these reactions alone. The following quote from Mehmet's account encapsulates the view that the rules of the job demand neutrality and prohibit independent thought (the conduit model).

"... as an interpreter I have to be neutral, I'm neutral or doing any comments, not saying anything, not thinking anything"
(Mehmet: lines 233-234)

These rules are set out and reinforced by the interpreter agencies and service providers through specific actions that are interpreted as meaning an emotional reaction of any kind is unprofessional and therefore forbidden. It depicts that they are trained to be professional, as prescribed by others, and therefore they are trained to be a machine.

"... as a professional when we are trained, we are said, said that you will always have to be professional, you will always have to be objective"
(Bibi: lines 559-561)

Bibi's repetition of "*always*" infers that she has understood this to mean 'at all times', including post-session. This notion of being told by the agency that they are not permitted to have a subjective experience of an interpreting session is also indicated in Irena's account:

"... you are not allowed to keep any kind of contact with the officer or the client, or other interpreter for that matter! Because they don't want us to talk about ... which I think, in a way it's a bit sad because sometimes we could share the experience but we're not allowed, we're not allowed to talk to each other, we're not allowed to meet, we're not allowed to have each other number"

(Irena: lines 526-529)

By instating the rule that the interpreters are not allowed to communicate with each other, the agency has communicated to Irena that it is not permissible at all to discuss an experience. Whilst this is maybe understandable in relation to a service provider / patient confidentiality perspective, it also means that they cannot even share their own personal experience or emotional reactions with another interpreter, therefore reinforcing that that they should not have an emotional or personal reaction (just like a machine). This leaves the interpreter, as a human being, not a machine, attempting to manage and contain these feelings alone. In order to adhere to these rules, the participants have understood that any emotional reaction they may have is 'unprofessional'.

Despite the differences in the number of years each participant has worked as an interpreter, each of them talked about how experience has taught them to separate their emotions and become 'machine' like. The accounts depict that it is not that they do not experience these emotions, but rather than have learnt a way to 'block them', as illustrated in Vera's account:

"It could either be experience and you start developing, I don't know, coping strategies such as not getting too emotionally involved or it's like a shutters coming down"

(Vera: lines 229-230)

Through the accounts, it is evident that all of the interpreters are affected emotionally by what they hear. However, the transcripts reveal a struggle to manage these feelings, placing them in a 'Catch 22'. This is illustrated in the following quote from Mehmet's account:

"...of course always try to be very professional and even though its affect me already when I'm interpreting it, even though I've started thinking what has happened to the people and what the client did, I

always... the brain actually works really well, so I think I somehow manage to separate these issues"

(Mehmet: lines 141-144)

Mehmet's admission that the material affects him, alongside his lack of certainty (*"I think"*) that he has managed his feelings, demonstrates that he is struggling to manage his emotional reaction. Irena further illustrates this:

"I can't say that it just goes over me like water off a duck (laughs) but, er, I try not to take it on board too much because like I said, first of all because of my job, I, I can't be compromising that because it's not role"

(Irena: lines 391-393)

Her nervous laughter conveys that this is a difficult topic for her, which further indicates the prohibition of an emotional reaction. It portrays that because her emotional reaction does not go over her *"like water off a duck"*, the risk of taking it *"on board"* may result in her 'sinking'. Her quick move back to talking about the rules of the job indicates that she is struggling to 'keep afloat' of her emotional reaction outside the professional boundaries she has placed on herself, which may be the missing 'second of all' to her stated *"first of all"*, which was not disclosed in the interview.

Mehmet's account provides a powerful illustration of the separate entities of professionalism and personhood (machine and human).

"I'm always very professional, of course (laughs) some ... histories behind things that happen to people are quite ... it makes you, it makes you, of course, we are all human beings, but I always try to separate my emotions from my job"

(Mehmet: lines 69-71)

Despite stating that he is “always very professional”, he declares that he is human, and infers that due to this humanness he is affected by the content of what he interprets. Mehmet places emphasis on “always” in relation to being a professional. Also, although he does not explicitly state that he is affected there is a lack of structure in what he is saying. Furthermore, he returns to declaring that he always attempts to separate his emotions from his job. These all indicate that when adhering to the rules of the job that demand impartiality, he must separate his emotions and become like a machine.

Irena’s account illustrates the ‘Catch-22’; she states that it is a demanding situation because the interpreter is human, and even though they attempt to detach themselves, thus being ‘professional’, it is in fact impossible.

“it’s a little bit demanding because you’re only human so you try to stay you know, detach yourself from whatever you are interpreting but it can’t be helped”

(Irena: lines 66-67)

Because it is impossible for the interpreters to separate themselves from their emotions, the ‘Catch 22’ result is that the interpreters begin to adopt the behaviour of a machine in an attempt to prove their professionalism, and therefore, detach from emotions:

“...I am a voice of the person, just the, the machine, that’s it”

(Mehmet: line 111)

“... regardless what I think about it I should pass all the information because like I said before I’m only a machine who says whatever is being said, in whatever language so I do pass it on”

(Irena: lines 157-159)

Having to behave as a machine in order to obey the professionalism rules reinforces the view from the wider professional team that an interpreter is 'just a machine'. And thus the 'Catch 22' continues.

3.6.1 Summary

The interpreters are forced into viewing themselves as a mere 'machine' in order to adhere to the standards of a professional interpreter set by the agencies and service providers. They have been conditioned to view their emotions as 'unprofessional' and thus attempt to block them. However, the capability to ignore their personhood and block their emotional reactions is impossible. If the service provider and agencies were able to acknowledge and recognise the complexities of the job outlined by the interpreters, viewing them and supporting them as a sophisticated and skilled professional who's role involves more than the simple translation of word; furthermore recognising their struggle with their emotional reactions, there may be a way out of the 'Catch 22'. At present however, by not recognising the interpreter's role as complex, and thus not sharing vital information needed for the interpreters to complete their job, the service providers are, ironically, making the interpreters' role even more difficult.

3.7 Theme five: The MSU interpreter and the MSU patient

This super-ordinate theme captures the different elements of the relationship between the interpreter and the patient. The sub-themes encapsulate the patient's immediate view of the interpreter as an 'ally', and how the interpreter is then left with the responsibility of severing this hope for a connection, yet ensuring that the patient will still communicate with them. Unique to a MSU setting, the in-session relationship with a patient who has committed a violent offence, and the ways in which the interpreters make sense of the offence, is illustrated.

"So this person, no he's not your friend, he's not your husband but you've worked with that person for many months"

(Vera: lines 195-196)

Vera's quote above encapsulates how the interpreter struggles to 'name' the type of relationship they have with the patient.

3.7.1 An 'ally'

This sub-theme illustrates the difficulties faced by the interpreter in regard to the patients' perception of them. The participants discussed how the patient would be drawn to see them as an ally due to their shared cultural and linguistic backgrounds. It emerged from the transcripts that this was an uncomfortable situation for them. The personhood of the interpreter understands this bond and why it manifests. However, the professional role of the interpreter understands that this bond cannot be maintained, and acknowledge that it clashes with the role they are taking on as the prescribed 'professional', as described in the previous themes. In order to fulfill their role, the interpreter needs to ensure that this perceived bond is never established, but this seems to create an emotional conflict for the participants. This was an exceptionally salient theme for Irena, who implied that by taking this step-back and not connecting with the patient, she viewed herself as 'cruel'.

"...what happened is that sometimes if you speak to someone in your own language straight away they feel that you are on their side because you can understand them.... They are in there for days or weeks and nobody speaks to them in their own language because there's nobody there that can speak [language] so, for so many days they are there without any means of communication with anybody and then you turn up and they're sort of like "AH!! You can speak to me in my own language so obviously you on my side, you came to help me" and, that's how they see you and you sort of can't allow that to go above what you're supposed to do, you are there to help them to speak to whoever needs to speak to them, but not to

help them in any other way.....Sometimes being cruel in a way because that is how they see you”

(Irena: lines 473-481, 485-486)

Irena’s account illustrates how, especially in the context of a MSU where the patient may be socially isolated and the recipient of a double stigma and discrimination, the appearance of an individual who speaks their language is a welcomed event. Her view that she is “*cruel*” portrays the emotional impact on the personhood of the interpreter, when left with the responsibility of severing the one connection and ally the patient may feel he or she has (which illustrates that they can never be like an emotionless ‘machine’). Irena goes on to explain that, as a result, she feels that she is letting the patient down, and in order to “*not feel emotionally involved*” (line 471), as instructed by the agencies and service providers, she needs to be “*strict*” (line 470), and remind herself that “*we are there to do our job, not make friends*” (line 522). This is further illustrated in a quote from Mehmet’s account. He highlights empathic feelings towards the isolated patients who “*need someone who at least is coming from same culture, same religion*” but expresses how this is not a role an interpreter can fulfill.

“...when people speaking my language and probably maybe he was born in the same city as me, we have lots of common things, we could just talk and become like really close friends because in that separating is not isolation people need someone who at least is coming from same culture, same religion, so ... this is what I want to separate because then I’m going to lose my impartiality and it’s going to be against my role” (Mehmet: lines 80-84)

3.7.2 In-session relationship

This sub-theme addresses the relationship with the MSU patient in the session. It highlights the difficulties faced by the interpreter, and the feelings of unease and fear experienced when interpreting for people who

had committed a violent offence and pose a high risk of violence. From the transcripts it emerged that becoming aware that the patient they are interpreting for had committed a violent offence can result in an uncomfortable emotional reaction towards him/her during the session:

“You know I mentioned ill people but these are criminals at the end of the day. So for example if you interpret for someone who’s killed his mum for example its not.... Yeah, you are on edge, yeah you are on edge a little bit”

(Vera: lines 293-296)

Illustrated in the quote below, some of the interpreters introduced a counter argument to that above, expressing the positives of not knowing the patient’s index offence. Bibi implies that this state of not being in the know in-session acts as a means of reducing her previously shown in-session fear of what the patient may be capable of, and avoidance of an intense and potentially negative emotional reaction to the patient’s socially and morally unacceptable acts.

“To minimise these things, this, I don’t wanna hear, I don’t, I know there are really disgusting horrible things happens, with purpose, without purpose in this world but ... lets say, like I said before if I did not know, you would not be worried. If you do not know you could not describe it. It will not affect you.”

(Bibi: lines 399-402)

The above quotes illustrate the personal dilemma for the interpreter in the context of knowing or not knowing the patient’s offence. Sandra highlights, however, how difficult it is for the interpreter to complete their job professionally when this information is not shared:

“...the psychiatrist already knows some things, right, and the women obviously knows all her bit and you’re supposed to work with this assumed, or ... previous knowledge, so you’re supposed,

and, and of course if you don't have the whole context, sometimes it's, it's quite difficult to understand what in fact is being said"

(Sandra: lines 177-180)

This demonstrates the paradoxical situation in which the interpreters are caught. Not knowing details of the patient's index offence means an interpreter can manage his or her fear of the patient and avoid the personal dilemma of helping someone who has committed a "*disgusting horrible*" act without "*purpose in this world*". However, from a professional perspective, as seen in Sandra's quote and highlighted in previous themes, it is imperative that the interpreters have this information to make their work possible.

3.7.3 Making sense of the offence

In light of the professional requirement for knowledge of the patient's offence, this subtheme embodies the interpreters need to find ways to make sense of the patient's "*disgusting horrible*" acts to resolve the personal dilemma outlined above. It infers that in order to interpret for somebody who has committed a socially unacceptable crime, the interpreters must find a way of making sense of the patient's acts. From the transcripts, it emerged that they do this either by distancing themselves completely, or finding an explanation for the criminal actions of the patient (rationalisation). It seems that this is quite a mechanical process. The quote below taken from Vera's transcript summarises the participants' accounts of distancing themselves as a means of protection from the impact of their emotional reaction to the content of the session. It seems that this distancing results in the adoption of a mechanical stance, once again cutting off and blocking any emotional reactions in order to protect the personhood. Furthermore, her statement that she reminds herself "*this is a client*" conveys that by categorising the patient as a 'client' as opposed to a person, it is easier to make sense of their offence. In essence, through denying a personhood for the patients, the interpreter

has reenacted the denial of their own personhood by the service provider and the agencies.

“... just remind myself this is a client, whose difficulties have nothing to do with me. That’s the only way you can protect yourself from going... well I wouldn’t say crazy, but from suffering too much”
(Vera: lines 236-237)

Alternatively, the ways in which the participants made sense of these experiences through seeking explanation are highlighted in the following quotes:

“I know that they committed such a horrible, horrible death to the people around them for the person round them but I know that they didn’t mean to, they were protecting themselves”
(Bibi: lines 334-336)

“you feel sorry for the per, the client, in the cell because I think he was using drugs he didn’t know what he was doing”
(Adrianna lines 367-368)

Adrianna further illustrates the denial of a personhood of the client in the quote above. She begins to describe the patient as a person and corrects herself relabelling him as a “*client*”. This portrays that it is easier for the interpreter to make sense of the patient’s experiences if they are not viewed as another person. Within a MSU, the interpreters’ process of using mechanics such as distancing themselves from, and seeking explanation for, the patient’s experiences blocks the potential means of finding a way out of the ‘Catch-22’ they find themselves in. It is easier for the interpreter to become a ‘machine’ when approaching a relationship with a patient detained in a MSU, utilising defence mechanisms in order to protect themselves from the emotional and personal impacts of interpreting for a patient who has committed a socially unacceptable act.

3.7.4 Summary

Overall, this theme has highlighted the difficulties faced by the interpreters in reference to the relationship with a patient detained in a MSU. It has shown that the interpreters struggle to negotiate a relationship with someone that they perceive is seeking an ally in them, yet they cannot allow for a connection to be made. Furthermore, it illustrates that the defence mechanisms the interpreters employ to make sense of the experiences of the patient, and also those employed to combat their emotional reactions to these experiences, and to the individual patient for whom they are interpreting.

CHAPTER FOUR: DISCUSSION

4.1 OVERVIEW

This chapter discusses the results of this study in reference to the overall research questions and in light of the pre-existing research and literature outlined in chapter one. Smith *et al* (2009) detailed “it is in the nature of IPA that the interview and analysis will have taken you into new and unanticipated territory” (p.113). Therefore, new literature will be covered in this chapter additional to that previously reviewed, and will be outlined and discussed when appropriate. A critical evaluation of this study and implications for existing theory and practice will be provided. Avenues for potential future research are discussed throughout this chapter.

Semi structured interviews were conducted with six interpreters. The main research question under investigation was:

What are the experiences of working in a medium secure forensic mental health unit (MSU)?

Relating to this main research question, the following areas were explored:

- What (if anything) is different about a MSU?
- What is the process of interpreting in a MSU?
- How do they manage / cope with the work?

Interpretative Phenomenological Analysis (IPA) was employed to analyse their accounts, and five super-ordinate themes were identified. Together these five super-ordinate themes provided an overall account of what it is like to be an interpreter working in a MSU.

4.2 The uniqueness of the MSU

In terms of the research questions, the first super-ordinate theme provided an understanding of the ways in which a MSU differs from any other environment. It also provided an overview of the process of interpreting in a MSU. The participants in this study described the disorientating experience of not knowing to where they are being sent or why. The lack of information provided to them prior to being sent on the job resulted, when presented with the job's reality, in feelings of fear, unease and apprehension. They portrayed the uniqueness of the MSU environment and related how it was unlike any other setting in which they had previously worked. In particular they detailed the disorientating feelings they experienced in relation to the overwhelming feelings of shock upon arriving at and entering this previously unknown environment; the impact of not being provided with adequate information about the unit and the job they were expected to undertake; the practical security elements of the unit; and the need to find a way of processing their experience upon leaving the unit. As outlined by Davies *et al* (2007), MSU's were initiated in the early 1980s specifically to fill a perceived gap between local services and high secure care. The fact that there are only approximately 65 of such units within England and Wales, each expected to meet a very specific environmental design, highlights their relative rarity.

4.2.1 What is a MSU?

Media depictions of individuals who are detained in secure forensic hospitals often portray the environment as one of punishment rather than therapeutic rehabilitation. The following example is taken from The Guardian newspaper, April 20th 2011:

"[the defendant] will now be virtually imprisoned behind the locked doors, concrete walls and perimeter fence of the hospital"

For someone who has never entered a MSU, little is known about it. It can be understood that, like Irena who expressed *"it didn't sort like, you know,*

scare me because I do interpretations in prisons" (line 323) who then, upon arriving at the MSU, expressed how it was not like any other job she had undertaken, including the prison, an overall idea of what a MSU environment is like is drawn from earlier preconceptions and assumptions, if any at all. It could be contended that media depictions in the news and / or film portrayals of secure mental health hospitals, may also provide the basis for these perceptions. The reality of a MSU environment is very different. The accounts portrayed the disorienting experiences upon arriving at and entering a MSU for the first time, highlighting that this disorientation was mainly a result of having a lack of information as to where they were, and what the unit was - *"you don't know is it a hospital? Is it a prison?"* Vera (line 246). It was important that the author did not replicate this and allow the reader to become disorientated through his or her own preconceptions of what an MSU environment is like, based on the probability that they had not entered such a setting. Therefore, the unique environmental practicalities were outlined in Chapter One.

4.2.2 The MSU environment

As defined by the DoH, a MSU is afforded the responsibility of providing a therapeutic environment for individuals who may present a serious danger to him / herself or the public, negotiating the conflicting goals of the 'caring' mental health system, and the 'custodial' criminal justice system. Stress emanating from the settings' physical environment has been significantly associated with increased levels of emotional exhaustion for staff (Stordeur et al., 2001). As described in Chapter one, Lipton et al (2000) helpfully illustrated that there is a lack of knowledge that focuses on the psychosocial consequences for interpreters dealing with any potential stress imposed by their work. The current research confirms a preliminary understanding of the stress that is imposed on interpreters due to the MSU environment. The results align with Tuck's (2009) observation that the security measures in place in a MSU evoke feelings of suspicion and threat. From the results, it is unarguable that these feelings were evoked in the participants. The analysis portrayed their sense of suspicion and

threat in relation to this unfamiliar environment, highlighted through the accounts that there is something in relation to a MSU that is 'scary'. Kurtz (2002) suggests that forensic mental health environments create claustrophobic and isolating atmospheres. This fits with the descriptions of claustrophobic feelings of being 'locked in', as detailed by the participants. Robinson and Kettles (2000) highlight that forensic nurses who are new to the role are at risk of panic attacks. The interpreters within this study also described their reactions to the MSU environment; e.g. highlighted by Vera – "*can't breathe properly*" (line 262). These correlated with symptoms of anxiety and an indication of a panic attack.

4.2.3 The key-holder and the keyless

From descriptions of the uniqueness of a MSU setting, and the reactions that the participants experienced relating to environmental security practicalities, the researcher wondered what role the MSU environment played in polarising the participants. Robinson and Kettles (2000) propose that the possession of keys provides the key-holder with the locus of control, the dynamics of which have a profound effect on the nurse-patient relationship. By extension, this raises the question of the dynamic between the key-holding service provider and the keyless interpreter. Goffman (1961) observed that in 'total institutions'¹⁴ patients humbly submitted to being controlled, which he linked to the deprivation of their identity. He outlined that within such institutions, patients had to ask permission to carry out a task that would not normally warrant another's consent. For example, Heyman *et al* (2007) presented a paper that explored staff and patients' perceptions of clinical risk assessments in a MSU. Giving further scope to the observations of Goffman (1961), and pertaining specifically to

¹⁴ 'Total institutions' are different from other institutions in that they are subject to rigid roles and role structures, and their total character is symbolised by a barrier that is often built into the physical plan such as wire fences, or high walls. Goffman defined them as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961, p. xiii). Today, total institutions can be found in military bases, prisons, nursing homes, and specific types of hospitals – such as a MSU.

a MSU, they proposed that for patients, the obvious differences between the MSU environment and the outside world included dependency on staff for meeting basic needs, massively reduced autonomy, separation from significant others, and being compulsorily moved to different sub-environments. The analysis of the participants' accounts displayed clear similarities to that observed of patients by Goffman (1961) and Heyman *et al* (2007). For example, Sandra, the participant in this study, outlined what was necessary for her to feel orientated to these unfamiliar surroundings. Her description that the service provider should explain that "*I've got the keys or whatever, you know, do you need to use the loo?*" (lines 435-436) highlights that whilst in a MSU an interpreter is subject to the same massively reduced autonomy as the patients. The key-holding service provider holds the position whereby an interpreter is faced with having to ask to carry out tasks (e.g. going to the toilet) not normally requiring assistance. Furthermore, as seen in the Results chapter, the key-holding service provider holds the power to decide whether or not to brief the interpreter. In this way, the interpreter may find him / herself aligned with the disempowered patient. However, unlike the patient but like the staff, the interpreter has freedom to go home; nevertheless, unlike the staff, the interpreter is faced with having to ask the powerful key-holding service provider to provide them with the means of unlocking the doors to allow them to leave. Additionally, as seen in a quote from Sandra (lines 277-282, 283) the participants perceived that there were 'rules' that needed to be obeyed, yet were unsure of the nature of these rules, and what they were and were not permitted to do. This further highlighted their polarisation in that whilst they may not be expected to adhere to such rules in the ways expected of patients, they were not permitted a full disclosure of what the rules were. As an avenue for future research, it is important to further explore and investigate the relationship dynamics of the keyless interpreter and key-holding service provider, to learn more as to how this dynamic may affect both the interpreter, the service provider, and the patient.

4.2.4 The freedom to leave, and the search for support and supervision

Ridley *et al* (2010) presented a paper that explored the impact of prison work experience on learning and teaching. This paper provided an account of a student who had been granted work experience in a prison. The account read:

“Leaving the prison is a strange sensation, as throughout the day you are held in the same environment as the prisoner, behind a huge number of heavy steel doors, high brick walls and barbed wire. Getting out of the prison can take at least 10 minutes. Walking away from the prison, I experience a sense of elation at just being allowed to walk away, free of the restraints of the institution.” (p. 39).

The researcher wondered about this in the context of the participants’ reports that, upon leaving the MSU, they needed time to process their experience there. Similar to the experience of the student, it could be understood that part of the process in exiting a job in a MSU is the feeling of relief that the participants were not aligned with the patient, in that they were able to leave. Robinson and Kettles (2000) expressed that the environment of a forensic hospital can feel oppressive, and by virtue of the security measures in place, the nurses may begin to feel that they are the ones subject to detention. The disorientation and fear experienced by the interpreters whilst inside the confines of the MSU could imply that the interpreters, like forensic nurses, feel subject to detention. Authors such as McDougall (2000), Coffey (2000), and Mason (2006) have all widely shown the need for support and supervision for forensic nurses to help them make sense of the emotional impact of their role and working environment. However, without any support or supervision structures to make sense of their experiences, the participants seek out alternatives, whether it be through friends, family, or in this case, a research interview.

Establishing a trusting participant-researcher relationship, alongside knowledge that the researcher is a trainee psychologist, brings with it it’s

own connotations. Being given the opportunity to tell their story appears to have been therapeutic for the participants, even with minimal feedback from the researcher. Because each of the participants, at separate points in all of the interviews, commented on how valuable they seemed to have found the actual interview (without prompt from the researcher), it appeared that they perceived it as offering them a unique opportunity to talk - *"It's good to have someone to listen, my experience, because we never ever had this"* (Adrianna: line 737). Dury *et al* (2007) wrote a paper exploring the therapeutic nature of qualitative interviews. Within this paper, they argued that being given the opportunity to talk about a particular experience might be of a therapeutic nature for the research participant. They argued that the interview might aid the participant in putting their story into context for themselves, and help them to make sense of what is happening or has happened to them. Furthermore, they contend that often the participants just appreciate being given an opportunity to tell their story and have someone listen. This resonates strongly with the accounts of the participants in this study. Given the participants disclosure that they did not feel that they had anywhere to go in terms of support and supervision, the question of what their motivation was to participate arises. This will be further reflected on and discussed later in this chapter.

4.3 Ironical situations and 'Catch-22s'

In terms of the research questions, the following discussion addresses the overall experience for the participants of working in a MSU. The analysis illustrated how the participants perceive that they are marginalised and viewed as a lesser professional in the eyes of the wider professional team; that there is a hierarchical system in which the participants struggle to comprehend with whom they are positioned in the eyes of the wider professional team. The participants view the service provider as perceiving them as a mere machine, in line with the conduit model of interpreting, which either does not factor within the hierarchy, or is positioned alongside the location of the patient at the bottom of the system. What followed was that the participants found themselves in an ironic situation. Whilst viewing

them as a mere machine who completes a 'simple' translation of words, the service providers deny them contextual and background information, viewing it as unnecessary. Conversely the denial of this information actually makes the interpreters' role even harder, forcing them to attempt to make sense of what the patient is saying, without fully understanding the context.

Out of this dichotomy, a 'Catch-22' materialises, with the participants understanding that the only way that they could be viewed as a professional in the eyes of the wider team was to abide by the expectations and standards set by the wider professional team, in contrast to how they (the participants) understood their role. The participants' struggle to negotiate their position in the hierarchy, protecting and advocating for their professional identity (which incorporates a complex weave of processes, skills, experiences and personal attributes), adds to their conflict. Therefore, part of the process of trying to prove him / herself as a professional was to adhere to their dictated status, separate from the hierarchical system and aligned to the view that they are 'just' a machine whose personhood did not need to be considered and whose emotions are 'unprofessional' {i.e. abiding by the tenets of the conduit model as outlined by Dysart-Gale (2005)}. The reality of the attempt to forego their personhood and block their emotions was impossible. They found themselves unable to be emotionless and unaffected by the material they were interpreting, thus creating the 'Catch-22'. The irony of the situation is further extended in that the role of the service provider in a MSU is to provide a therapeutic rehabilitation for patients who have a serious mental illness and have committed a criminal act. By ignoring the personhood of the interpreter and the potential emotional impact of working in a MSU, whilst professionally caring for and rehabilitating the traumatised patients detained inside the unit, the service providers could be traumatising and psychologically harming the interpreters who aid them in their objectives. Research has been conducted that explores the psychological impact and risk of vicarious trauma for interpreters working with refugees and asylum seekers who have been subjected to trauma and torture (e.g Splevins *et*

al, 2010). Due to the findings that interpreters are being traumatised and potentially psychologically harmed by the work that they do within a MSU, it is imperative that future research explores this phenomenon in a much more specific manner within every context in which an interpreter works. The analysis would suggest a potential escape from this paradoxical situation via the acknowledgement by the wider professional team that the interpreter role within a MSU is complex and far exceeds the functionalities of a mere machine. Such an acknowledgment would lead to the necessary support and supervision, thus uniting theory and practice.

4.3.1 Recognition and Respect

The participants perceived that they were not valued or respected by the wider professional team (which may be indicative of the power dynamics between a key-holder and a non key-holder, as described by Robinson and Kettles (2000) in relation to a nurse-patient relationship dynamic). Vera gave an illustration of being powerless outside of the locked staff base, abandoned by the service provider and waiting for them to allow her entry to safety, and how she resorted to hammering against the window as a means of communicating her fear. This disempowering act meant that Vera's (a real person) safety was not considered and she was left vulnerable to the threat of the patients – the consideration behind the very reason for the lockable doors. As highlighted by Aiyegbusi and Tuck (2008), forensic nurses are infused with intolerable projections, and may experience highly disturbing affects, which they struggle to understand due to their lack of a theoretical framework.

The participants voicing of their concerns about the lack of recognition or respect afforded to them was also reflected by Gerrish *et al*'s (2004) research, which briefly commented that the interpreters in their study experienced the same lack of respect and recognition from nurses in primary care settings. Furthermore, this has also been demonstrated by Schapira *et al* (2008), who sparingly outlined a study conducted in Canada, commenting that the results not only indicated evidence of a lack

of respect and recognition of the interpreters' capacities and status, but also described the absence of a place to wait, away from the patients. This was a key theme that emerged from this research.

In light of Hsieh's (2008) informative research which highlighted that the interpreters in her study felt that they were expected by others to adhere to the conduit model of interpreting, it is perhaps unsurprising that the interpreters in this study reported being given a lack of information, and being viewed merely as a machine which is not granted any elements of a personhood including a name – "*usually you don't have a name as an interpreter*" (Vera: line 518). The participants have therefore felt deprived of their identity, which resonates with Goffman's (1961) observations of the deprivation of a patient's identity in a total institution. The conduit model views the interpreter as purely passing information, and therefore, further information is irrelevant (Dysart-Gale, 2005). The conduit model remains the default model in any training received by interpreters, but also, Brashers and Goldsmith (2009), and Dysart-Gale (2005) suggested that it is the default model of interpreting that is expected by service providers. This theme provides an important illustration of the lack of training for service providers. It is plausible the interpreters' perceptions within this study that they are viewed so disparagingly is a reflection of the lack of training the service providers have received with regards to working with an interpreter. Ironically, the interpreters' view, within this study, that the service providers conscious minimisation of their complex role to one of a mere machine who has no feelings and needs no additional information, results in the service providers actually creating an even more difficult and complex task for the interpreters to complete.

4.3.2 Elite, skilled and vital workforce

The participants in this study discussed how it was only a specific type of interpreter who agrees to work in MSUs. Adrianna provided a clear illustration of how she felt that it was beyond her abilities, and had refused to work in a MSU following her first job in one. The participants made it

clear that they were aware, as were the agencies, that many interpreters felt such work was beyond their capabilities. During the interview process, the researcher often felt that the participants were keen to express their competence to work within such units. As reflected in the results, the researcher considered whether those interpreters willing to undertake jobs within a MSU were of an 'elite minority'. This hypothesis is somewhat supported by Robinson and Kettles (2000). They claim that forensic nurses successfully working in secure units feel that it is necessary for them to be more stable and stronger in order to cope with the demands of not only the patients' group, but also the unique environment. Furthermore, they assert that forensic nurses have core skills above and beyond those of mental health nurses. The results suggest that this is true not only of forensic nurses, but also interpreters working in a MSU (and potentially any worker entering a MSU). This provides yet another avenue for further research.

For a mono-linguistic it is quite easy to assume that if you are bilingual, you can be an interpreter. The results of this study highlight the indignation the participants felt towards this notion - *"even if you're bilingual you need to be able to know the techniques"* (Bibi, line 186). Razban (2003), writing from the perspective of an interpreter, outlined five core skills needed by an interpreter: Fluency in the language required; relevant medical or psychological knowledge; sensitivity towards the needs of the patient and their respective family; a clear understanding of confidentiality and its application; and experience and training in the necessary field, e.g. mental health. The participants in this study appear to support Razban, describing the imperative need to be able to communicate the non-verbal communication, and the emotional meaning behind the patients' words. Furthermore they stressed the importance of acknowledging that between two languages there can be a variation in the 'meaning' of a word, or in some cases a word may not exist in the other language. For example, in English we distinguish between 'foreigner' and 'stranger'; in French, the word is the same. Also, Tribe (1999) highlights that within the Polish language, there is no word for 'counselling' and that the nearest word

translates into 'advice giver' or 'adviser'. Therefore it is vital that an interpreter holds a clear understanding of the changes in meaning between words in each language, the meaning behind those words where no literal translation exists, and has the necessary skills to communicate this.

Within the current study, the results showed how the participants perceived their roles to be vital. The literature review outlined that extensive international and national legislation exists to ensure equal access to health and legal services. Such legislation does not specifically outline the use of an interpreter. For non-English speaking individuals, it seems that in any context whereby spoken language is a core element of communication, the use of an interpreter to bridge the languages is a necessity.

However, despite these arguments, within a MSU setting, the participants within this study clearly complained the service providers did not recognise their skills, or the fact that like them they are an elite force that are capable of undertaking work demanded by a MSU. Desperate to be seen as professional, the participants began to describe how they felt obliged to fulfil the expectations of the service provider; that they were just a 'machine', who was only present because there could not be direct communication between the patient and the service provider. In essence, the participants began to belittle and demean the very profession they had advocated for – *"I am a voice of the person, just the, the machine, that's it"* (Mehmet: line 111). This clearly resonates with the findings of Hsieh (2008), whose results portrayed that all of her participants used various metaphors that were symbolic of a neutral machine, that had no bearing on the content and flow of the service provider-patient interactions. Although not highlighted by Hsieh, the participants in her study spoke of the important skills needed even when attempting to strictly adhere to a conduit model, including reinforcing the service provider-patient relationship. This illustrates the unique requirements of an interpreter, no matter to which model they adhere. This portrays the flaw in the

perception that, even when adhering to the conduit model, an interpreter is not a robot, as complex skills far exceeding the capabilities of a machine are still being employed.

4.3.3 Unavoidable emotional reactions

The Victorian Transcultural Psychiatry Unit in Australia published a paper that focused on improving the quality of mental health interpreting in Victoria (2006). They explicitly highlighted the area of forensic mental health as being particularly problematic. They further stated that it can be difficult to retain interpreters in forensic services due to the nature of the work. They described how “hearing the details of mentally ill forensic patients and their behaviour toward their victims, who are often family members, children or innocent members of the public” (p.16), can be very emotionally demanding and may result in ‘vicarious traumatisation’. The results show that the participants found it impossible to avoid having an emotional reaction to the material that they were interpreting - *“So, yeah it does have an impact on you, cause its another human being. You see them suffer and it gets to you”* Vera (lines 219-220). The findings clearly resonate with the findings of Doherty *et al* (2010), Granger (1996), Lipton *et al* (2002) and Sue and Sue (2008) who all revealed from their research that interpreters report that they are emotionally affected by the work that they do. The results outline that failing to remain emotionless and unaffected caused the interpreters to perceive that they were being unprofessional. This clearly highlights the ‘Catch-22’ situation in which the participants found themselves. Hsieh (2008) provided an interesting portrayal of the role of the interpreter agencies in providing the interpreters with a view that they must adhere to the conduit model’s tenets of simulating a robotic machine. She supplied a quote from one of the managers of an interpreting agency which stated “the role of the medical interpreter basically is to be the conduit” (p.1371). The results illustrated the conflicting situation that the participants found themselves in. Their discourse became unstructured as they attempted to balance the ways in which they remained ‘professional’ and emotionless, yet admitted that this

was an impossible feat. Within each of the accounts, shortly after confessing to being emotionally affected, the participants were quick to clarify that they were 'professional' and had found a means of maintaining an unemotional and unaffected position. The ways in which the participants described their abilities to detach themselves were vague, and none of the participants were able to fully express exact customs or behaviours that prevented an emotional reaction – *"the brain actually works really well, so I think I somehow manage to separate these issues"* (Mehmet: line 144). This is indicative of the struggle the participants faced in adhering to the service providers' expectations of being 'professional'.

Savicki and Cooley (1987) highlighted that forensic nurses have a high risk of developing burnout due to inadequate preparation for work within secure settings, and the emotional toll of their work. Clinical burnout is described as a syndrome occurring in staff that work within the caring professions, resulting in emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Jackson 1982). The participants' accounts that they each needed time to process their experiences due to the emotional reactions experienced following an interpreting job in a MSU – *"it drains you out"* (Irena: line 673) – indicates that for an inadequately prepared interpreter, working in a MSU results in emotional exhaustion, which is symptomatic of burn out. The current study is unable to further comment on the potential for interpreters to develop burnout due to a lack of focus to specifically explore this phenomenon; however, it raises a significant consideration for future research.

4.4 The Relationship with the MSU Patient

Within the uniqueness of a MSU however, the reality of interpreting for patients who have committed socially unacceptable criminal acts, and pose a risk of violence, resulted in the interpreters employing defence mechanisms a) to make sense of the patient's experiences and offences, and b) to protect themselves from identifying with the patients and consequently experiencing difficult or distressing emotions. This resulted

in the participants becoming 'mechanical' in their approach to this patient group.

The results showed the ways in which the participants identified with the clients, whether it be through a shared experience, culture, or language. This resonates with the work of Butler (2008) who contended that interpreters are at high risk of identifying with the patient; also Splevins *et al* (2010) who found that interpreters are more prone to identification when interpreting in the first person. Although preferably termed 'complex emotional reactions' in the literature, as highlighted in the Results Chapter, Bibi's account provided a powerful illustration of what the author contends to be projective identification. Furthermore, the results show the means in which the interpreters attempted to protect themselves from the emotional reactions to the patient. The emotional reactions experienced were the same as some of the symptoms of vicarious trauma, relating to findings by Lipton *et al* (2000) and Splevins *et al* (2010).

Unique to a MSU, the results illustrated the fear and apprehension towards the patient that the interpreters felt during the actual interpreting session. Doherty *et al* (2010) had highlighted that knowing that the client *does not* present a risk of violence helped the interpreters they interviewed cope with the demands of generic mental health work. Within this study the interpreters explicitly state that the knowledge that the patient *does* pose a risk was a significant factor with regard to feelings of threat and unease. It seems that the means of coping, when the risk of violence is a factor, is realised through the desire not to know anything about their offending behaviour. This strongly links to the findings of Kay (2009) who reported that it was common for forensic nurses not to want to know about the offending behaviour. According to Kay, this appears to be a peculiar dynamic as he questioned how the forensic nurse can effectively nurse a patient without this knowledge. The results show how this dynamic is also an ironic one for interpreters working in a MSU. They highlight that without the contextual knowledge their role is more

demanding and complex, yet they wish for this knowledge to remain hidden.

Butler (2008) and Miller *et al* (2005) showed that interpreters employ defence strategies such as distancing, denial and detachment. The current research highlights that the participants interviewed employed all of these defences. By requesting that they are not given details of the patients' offences, the interpreters are able to deny such actions exist. Detachment strategies were manifested in the ways in which the interpreters expressed that the patients' difficulties were nothing to do with them. The ways in which they categorised the patients as a 'client' - "*you feel sorry for the per, the client*" (Adrianna, line 367), denying them a personhood, is illustrative of emotionally distancing themselves from the experiences of another person. This is also evident by the ways in which the interpreters described their means of coping and guarding themselves - "*it's like a shutters coming down*" (Vera: line 230). Furthermore, the interpreters in this study also demonstrated their use of the unconscious defence of rationalisation, whereby they provided logical and rational explanations as to why the patients had committed a serious violent offence - "*I know that they didn't mean to, they were protecting themselves*" (Bibi: line 336).

4.4.1 Support and Supervision

It has already been discussed that for professionals who do not have the protection of the psychotherapeutic frame available to them, it is far harder to contain the intense and complex emotional reactions which arise in therapeutic relationships and encounters with forensic mental health patients. It has repeatedly been illustrated in literature and empirical research, as outlined in Chapter One, that an interpreter should receive adequate levels of support and supervision. Yet this remains one of the biggest divides between theory and practice. The results of this study echo those of Smith (2008), Costa (2011), Doherty *et al* (2010), amongst others, who all demonstrate that interpreters report a fundamental lack of support and supervision. Furthermore because interpreters might not have a

framework to understand, manage and recognise their emotional reactions, the role of support and supervision becomes ever more vital. McGauley and Humphrey (2003) express the imperativeness of supervision and staff-support groups in helping staff understand the psychodynamic processes in forensic settings that arise when managing and treating forensic patients. The role of support and supervision is also frequently highlighted as a means of reducing the risk of clinical burnout and vicarious trauma. As discussed in Chapter One, the Royal College of Psychiatry standards for MSUs outline the minimum expectations of supervision for staff working in a MSU, and the BPS Good Practice Guidelines for working with interpreters state that interpreters are entitled to support in the same way that mental health practitioners are, and that a duty of care applies.

4.5 Critique of the Research

The research highlighted the difficulties experienced by participants when undertaking interpreting work in a MSU environment. It is important to note that the findings of IPA studies, which utilise small samples, should not be generalised without caution. However, this research offers a first ever exploration into this phenomenon.

This in-depth study of interpreters' experiences of working in a MSU has provided evidence for the need to create tailored guidelines and mandatory support and supervision for interpreters working in a MSU. The rich and in-depth material gathered would have been difficult to acquire with a larger sample; therefore it was appropriate to stay within the recommendations of IPA to utilise a small sample. Furthermore, this choice is inline with the principles of counselling psychology, which endeavours to develop current models of practice and enquiry which respect individuals' first hand accounts as valid in their own requisites. However, it needs to be acknowledged that whilst allowing for rich and detailed explorations, there is a corresponding lack of breadth to this research. Therefore, an avenue for future research would include a larger

sample of interpreters participating in quantitative structured interviews or questionnaires. Such research would be valuable in ascertaining the validity of the findings on the population of interpreters who have worked in a MSU.

Literature has suggested that one's 'mother language' is ". . . the repository of the most basic desires and the language system that holds the fullest complement of sensational, affective and cognitive elements related to early experience" (Perez-Foster, 1998, p. 9, in Tribe & Keefe, 2009, p. 416). Bilingual therapists, speaking the same languages as their bilingual clients have reported movement in the therapy process upon switching language to the patients' mother tongue (Greenson, 1950; Perez-Foster, 1998; Antinucci-Mark, 1990, in Tribe & Keefe, 2009, p. 416). If certain emotions and affects are embroiled in language and can be defended against when speaking a second language, it is important to consider the impact of this when interviewing interpreters about their experiences in their second language, as it raises the question whether any emotional reactions are 'lost in translation'. It is critical to bear in mind that the patient's stories of trauma, perpetration and violence are potentially conveyed to the interpreter in their mother-tongue. Given that the interpreters in this study were interviewed in English, which they all stated was their second language; it would be of worthwhile consideration, as an avenue for future research, to interview them in their mother tongue.

The reasons why the participants volunteered to participate is a consideration of all research, and will have a bearing on the accounts given and subsequent analysis. First, the participants in this study each expressed their gratitude to the researcher for conducting the research. They said that they felt that they needed recognition for their work and each commented on the changes that they had experienced within their profession. Such changes included the cutting of pay and loss of jobs, in the context of the recent revelation (well documented in the news) regarding the vast sums of money being spent by the NHS on interpreting and translation services. It could be contended that the participants were

hoping that the research would bring about significant changes to their working conditions and ensure that their profession would be protected.

Secondly, their expressions of gratitude for having someone listen to their experiences fits with the notion discussed previously, that they viewed the research as a context whereby they could find some means of support and supervision. Because some of the experiences discussed by the interpreters were not directly linked to the research aims or questions asked, it became apparent that the participants wished to talk about their important experiences, and the need to find a place to explore and process them. The participants were aware prior to agreeing to the interview that the researcher was a trainee psychologist, implying that the participants may have chosen the interview context as an opportunity to be heard due to their existing construction of the role of a psychologist. Due to this construction, and the participants' experiences of having an inside view of psychological therapy sessions when interpreting for patients, they may have had unconscious preconceptions about what the interview would entail and what was expected of them. These preconceptions seemed to be that the interview would be an opportunity for them to go and talk to someone who is trained to listen.

Following from this, it is important to consider the researcher's position within this study. As with any Doctoral research, the researcher cared deeply about the topic of investigation. Throughout the research process, issues of stake and interest may have unwittingly been explicit during the interview. Such footing might have come into view through verbal and non-verbal nuances during the interview, such as an agreement or disagreement; or the aspects of the interpreters' stories that the researcher chose to probe, whilst potentially ignoring others. Potter and Hepburn (2005) acknowledge that to take these aspects into account during interview and subsequent analysis is a major challenge. The researcher attempted to address such issues through the use of a reflective diary throughout the research process, noting areas of interest

and issues of stake explicitly in the hope of maintaining a more neutral stance in subsequent interviews.

The choice of IPA was highly useful in the research. The interviews and subsequent analysis of the accounts benefited from the detailed and practical guides of steps to follow outlined by Smith *et al* (2009). However, the researcher's choice to utilise IPA has also had an effect on what could be discovered or explored. For example, the engagement with discourse might have materialised rich accounts of the hierarchies and power in place. This would be an affordable and recommended avenue for future research. Furthermore, a deeper exploration of the motivations as to why the participants chose to accept a job in a MSU would move to a closer understanding of both the profile of who these specific interpreters are, and also potentially offer more useful and tailored ways of supporting them. While another avenue for future research would be to explore the perspectives of the service providers and patients of working with an interpreter in a MSU.

The methodology of this study might have been improved via a pilot interview to develop the interview schedule further. The researcher recognised that the participants found it difficult to separate out their experiences within a MSU from other jobs that they had taken. Whilst this allows for the understanding that many of their experiences are multi-faceted and do not pertain exclusively to a MSU, often the participants would get sidelined with a specific issue, grievance and story relating to a very different context. Overall however, these multi-faceted discussions allowed for the recognition that a MSU is not entirely different and there are many overlapping areas with other contexts in which interpreters work. However, the recognition of the similarities made the reality of the differences and uniqueness of a MSU even starker.

The researcher recognises that the interview schedule employed will have had some effects on the accounts given, as well as the themes interpreted in the analysis. However, the researcher made sincere efforts not to use

leading questions, and to utilise the interview schedule flexibly, with all additional probes and questions formulated as a response to the participants' accounts. Furthermore, the researcher offered the participants the opportunity to discuss and comment on anything that they felt the researcher had not addressed, to allow for unanticipated areas to emerge.

As described in the Method chapter, the author drew upon Yardley's (2000) guidelines when evaluating the quality and reliability of this research. Many of the steps towards ensuring the research's quality and reliability have been previously outlined and discussed. With reference to Yardley's (2000) exploration of validity in qualitative studies, the researcher has highlighted throughout the discussion chapter how this study has produced interesting, important and useful information that challenges and adds to the existing literature. Perhaps most importantly this research has provided a never seen before investigation into the experiences of interpreters working in a MSU.

4.6 Clinical Implications

This study provides a significant contribution to an understanding of the phenomenon of being an interpreter working in a MSU, and appears to be the first study to be conducted exploring interpreters in a MSU context (extensive literature searches did not highlight any previously published research conducted on this topic). Searches of the literature showed that there is a significant dearth of any research exploring the interpreters perspective of their role in any context.

From this study materialises one final 'Catch-22'. The participants highlighted how they perceived that the service provider viewed them disparagingly and reported insufficient support and supervision structures. The author contends that until people recognise the complexities of the role of interpreters, they are unlikely to get the support required to manage the emotional impact of their jobs. Extending this further, until service

providers recognise the complexities of forensic mental health, they are unlikely to recognise the impact on the interpreter who agrees to undertake work in this specific setting. This resonates with the work of Raval (1996) who maintained that the lack of professional status for interpreters raises issues about power and professional boundaries. She contends that this will be difficult to overcome until such a time that there is an established career structure for interpreters.

This research has implications for the importance of recognising and understanding the unique needs of an interpreter working in a MSU. The main clinical implication that specifically arises from this research is the need for a tailored information sheet for interpreters specifically working in a MSU. The author has utilised the results of this study to create a pilot example of this information sheet for interpreters, which is presented in appendix 14. The information sheet includes a complete overview of the environmental uniqueness of a MSU, which the author recommends should be supplied to an interpreter along with the booking sheet. Furthermore, tailored guidelines specifically for MSU service providers working with interpreters need to be fashioned. The author recommends that the extensive BPS guidelines written by Tribe and Thompson (2008) should be used as the main base-guidelines, with additional guidelines tailored to each specific context in which an interpreter may work. The author has proposed and created a pilot set of tailored guidelines for service providers working in a MSU¹⁵, in light of this current research, which is presented in appendix 15. The service provider should offer a verbal detailed explanation regarding the environmental and security practicalities pertaining to the MSU setting. Issues such as the reasons for alarms and keys should be fully outlined and explained, along with any actual risk the interpreter may face and the processes involved in preventing this (e.g explaining how to use the alarm and what would

¹⁵ Note: These guidelines have been created as an **additional** set of guidelines for working with interpreters in a MSU that should be viewed as an **extension** to the BPS Guidelines for Psychologists Working with Interpreters created by Tribe and Thompson (2008). They are not proposed to be 'stand alone' guidelines.

happen should the interpreter feel the need to use it). The interpreter should also be fully informed prior to accepting the job what aspect of forensic mental health care they are being asked to interpret, whether this be a ward round, legal meeting, appearance in court, or therapy session. Adequate time should be allocated to meet the interpreter before and after the meeting, to ensure that they are fully briefed with regard to the sensitive and traumatic material which may be discussed, and to provide a full debrief to ensure their emotional well-being. Guidelines specifically tailored to the MSU service provider when working with interpreters should provide a comprehensive yet brief overview of the complexities of the role of the interpreter and their specific needs. Finally, although not exhaustively, guidelines should stress the importance of maintaining and protecting the personal safety of the interpreter. At no time should they be left anywhere in the unit alone without the presence of a key-holder.

In terms of previous research and literature, the research further echoes the majority of the literature outlined throughout this thesis in arguing the imperative need to unite theory and practice when working with interpreters. This would involve standardised training and qualifications for interpreters, mandatory provision and engagement in support and supervision, and compulsory training for practitioners in working with interpreters integrated into prequalification programmes. Standardised and nationally recognised guidelines for each specific setting need to be developed and utilised by all organisations including the BPS, NICE, HPC and individual NHS Trusts and institutes.

CONCLUSIONS

The primary aim of this study was to gain an in-depth understanding of the experiences of interpreters working in a MSU. In relation to this overarching research question, the following more specific areas of interest were explored: 'What (if anything) is different about a MSU?'; 'What is the process of interpreting sessions in a MSU?'; 'How do they manage / cope with the work?' Interpretative Phenomenological Analysis was employed to allow an in-depth and idiographic exploration of the participants' lived experiences.

The analysis resulted in five super-ordinate themes: 'Setting the scene: Medium secure forensic mental health units'; 'Unrecognised professional identity'; 'The MSU interpreters: A superior professional excellence or mere mortals?'; 'Catch-22'; and 'The MSU interpreter and the MSU patient'. The results were found to be somewhat consistent with existing theory and literature but were discussed in relation to the literature pertaining to other professionals working in a forensic service, and the work of interpreters in other contexts.

Overall, this study aimed to provide an in-depth and idiographic approach to the exploration of an interpreter working in a MSU, with the hope of illuminating the unique processes involved in a clinically useful way. Taking into account the dearth of research exploring the perspective of the interpreter, from the mouth of the interpreter, and the complete lack of literature and empirical research pertaining to an interpreter working in a MSU, it is hoped that this study has contributed something novel to the existing literature and research.

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Appendix

Appendix 1: Initial email correspondence with one interpreter agency

- RE: Research

15/02/2011

[REDACTED]
[REDACTED]
.
.
.
Send email
Find email
Add to contacts
To [REDACTED]

Hi Lana

As agreed I would be happy to support this study but require assurances that :

- interpreter and organisational anonymity are guaranteed and
- ethics approval is secured from the NHS if needed

This is to ensure that the research is undertaken within a clear framework with the right permissions and controls.

Please let me know how you get on,

[REDACTED]

[REDACTED]

Customer Services Directorate

[REDACTED]
[REDACTED]
[REDACTED]

Appendix 1: Initial email correspondence with one interpreter agency

From: Lana Molle [mailto: [REDACTED]] **Sent:** 15 February 2011 10:45 **To:** [REDACTED] **Subject:** Research

Dear [REDACTED]

Following our telephone conversation, I am writing to you to outline my proposed research, for which I hope to be able to recruit 8 – 10 interpreters from your organisation.

I am currently a third year trainee at the University of East London, studying for a professional doctorate in counseling psychology. My research has been assessed as appropriate for doctoral level, and has been approved by the University of East London's ethics committee. I am currently in the process of applying to NHS ethics.

I would like to understand more about what interpreting has been like for people yourselves who have interpreted in a Medium Secure Forensic Mental Health Unit. We know that the use of an interpreter in psychological therapy raises implications for the patient and therapist, but we do not know much about what it is like for the interpreter. Finding out more about the experience of interpreting within this setting may help professionals to understand what it is like for interpreters, and develop improved ways of working together.

I will ask that interpreters are contact directly by their organisation. Should they wish to participate, I will supply my own contact details and request that they telephone/email me and we can arrange a time to meet. Interpreters are under no obligation to participate should they initially contact me to find out any more information.

All the information will be confidential. I will ask to record the interviews so that I can write down exactly what was said afterwards, but the recordings and the written transcription will be kept separately from the participants name and referred to only by number. Any information that may identify the interpreter or organisation will be taken out.

Many thanks for your time and help with this

Lana Molle

Contact details: [REDACTED] / [REDACTED]

Telephone: [REDACTED]

Appendix 2: Participant Recruitment Letter



Dear Interpreter

Researcher: Lana Molle Supervisor: Professor Rachel Tribe

You are being invited to take part in a research study. Before you decide whether you would like to take part, it is important for you to understand why this research is being done and what it will involve. Please take the time to read the following information, discuss it with others if you wish and decide if you would like to take part. If you have any questions or anything is unclear, please do not hesitate to ask me.

We would like to understand more about what interpreting has been like for people like yourselves who have interpreted in a **Medium Secure Forensic Mental Health Unit**. We know that the use of an interpreter in psychological therapy raises implications for the patient and therapist, but we do not know much about what it is like for the interpreter. Finding out more about the experience of interpreting within this setting for people like yourselves may help professionals to understand what it is like for you and develop improved ways of working together.

If you agree to take part in the research, I will ask you some questions that explore about your experience of sharing information in a Medium Secure Forensic Mental Health Unit. We will only talk about your historical and personal experiences to the extent that they are relevant to you becoming an interpreter. I would need to meet with you just once for about an hour. **All the information you give me will be confidential.** I will ask to record the interviews so that I can write down exactly what was said afterwards, but the recordings and the written transcription will be kept separately from your name and referred to only by number. Any information that may identify you will be taken out. You may also withdraw from the study at any point and do not have to give a reason for this.

You do not have to take part in this study if you do not want to.

Whatever you decide, your contract with the agency will not be affected in any way

This research, which is supervised by Professor Rachel Tribe, is conducted as part of the thesis requirement for a Doctorate in Counselling Psychology and may later be published in a journal (all participants' names and any identifying information will be withheld). If you wish, I would be happy to send you a summary of our findings at the end of the

study in September 2012. This research has been reviewed by the University of East London.

If you have any questions about this study, or would like to take part, please contact me on [REDACTED] or [REDACTED]

Yours Sincerely,

Lana Molle

Note: **Lana Molle** is training in counselling psychology at the University of East London

Appendix 2: Participant Recruitment Poster



Department of Psychology
University of East London

**PARTICIPANTS NEEDED FOR
RESEARCH EXPLORING INTERPRETERS
EXPERIENCES OF WORKING IN A FORENSIC
MENTAL HEALTH UNIT**

We are looking for volunteers to take part in a study that explores your experience of translating information in a forensic mental health hospital.

If you have had any experience working within this setting, and would be happy to participate, please see the attached letter.

Your participation would involve *one* interview lasting approximately *one hour*.

THANK YOU

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of East London

Appendix 3: Participant Demographic Sheet

Gender: Male ☐ Female ☐

Age: _____

Ethnicity: White: British
White: Irish
White: Greek / Greek Cypriot
White: Turkish / Turkish Cypriot
White: Albanian
White: Kosovan
White: Other (Please specify.....)
Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Mixed: Other (Please specify.....)
Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian British: Bangladeshi
Asian or Asian British: Other (Please specify.....)
Black or Black British: Caribbean
Black or Black British: Somali
Black or Black British: Nigerian
Black or Black British: Congolese
Black or Black British: Eritrean
Black or Black British: Ethiopian
Black or Black British: Other (Please
specify.....)
Chinese

Other (Please specify.....)

**Number of years working as an
interpreter:** _____

Number of patients worked with in a MSU: _____

Languages spoken: 1) _____
2) _____
3) _____
4) _____

Appendix 4: University of East London Ethical Approval



Professor Rachel Tribe
School of Psychology
Stratford

ETH/13/37

02 April 2013

Dear Professor Tribe,

Application to the Research Ethics Committee: An interpretative phenomenological analysis of the understandings and experiences of interpreters working with information shared in a medium secure forensic mental health unit (E Molle)

I advise that Members of the Research Ethics Committee have now approved the above application on the terms previously advised to you. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Debbie Dada', is positioned above the typed name.

Debbie Dada
Admissions and Ethics Officer
Direct Line: 0208 223 2976
Email: d.dada@uel.ac.uk

Research Ethics Committee: ETH/13/37

I hereby agree to inform the Research Ethics Committee of any changes to be made to the above approved programme and any adverse incidents that arise during the conduct of the programme.

Signed: Date:

Please Print Name:

Appendix 5: Email to NRES Queries re: NHS Ethics

From: Lana Molle [mailto: [REDACTED]] **Sent:** 17 March 2011 21:22 **To:** NRES Queries Line **Subject:** NHS ethics

Dear Sir/Madam

I am currently a third year trainee studying for a Professional Doctorate in Counselling Psychology. I am hoping to gain some help with regard to whether or not I require NHS ethical approval for my research. Despite going through the extensive information regarding what is and is not applicable, I remain unsure. My research supervisor suggested that you may be able to guide me further, or direct me towards somebody who can.

Attached is a brief overview (1 page) of my research. I am researching what it is like for an interpreter to translate information in a forensic mental health setting. I am recruiting from two interpreter agencies who provide interpreters to a NHS medium secure forensic mental health unit. The NHS trust itself is not listed as part of my research. The interpreters are employed by an agency, not the NHS, and the interviews will not be about any employees or patients of the NHS. The research is looking at the interpreters experiences of becoming an interpreter, their experience of the interpreting process, including their supervision/support from their agency, and their experience post-session. It was suggested to me that because the agency they work for supply them to the NHS (amongst other organisations) I would need NHS ethical approval. The guidelines and criteria for whether this is applicable for me is unclear.

I would greatly appreciate any feedback, guidance or help with this matter

Kind regards

Lana Molle

Tel: [REDACTED]

Appendix 5: Brief Overview of Research: attached to NRES email query.

Protocol v1.

An Interpretative Phenomenological Analysis of the understandings and experiences of interpreters working with information shared in a medium secure forensic mental health unit (MSU).

Synopsis of study

This study intends to explore the experiences of interpreters when sharing information in the context of a medium secure forensic mental health unit.

Literature suggests that there is a dearth of empirical and published research specifically investigating the 'voice' of the interpreter, from the interpreter. Current 'good practice' guidelines appear to be drawn from the 'voices' of clients and practitioners. In keeping with a hermeneutical phenomenological position, the proposed research will use a qualitative method to elicit the lived experience from the interpreters' perspective, whilst acknowledging that the product will be but an interpretation.

Interpreters from the recommended interpreting agency used by a medium secure forensic mental health centre (MSU) will be interviewed using a semi-structured interview. The transcripts of these interviews will be subjected to Interpretative Phenomenological Analysis (IPA) in order to focus on the lived experience of the interpreter sharing information in the stated environment. This research plans to begin to bridge the gap in the literature in order to gain an understanding from the interpreters' perspective intending to further knowledge and understanding about psychological work undertaken with the use of an interpreter. With this knowledge and understanding, a progress towards the development of current 'good practice' guidelines can be made.

The research will use Interpretative Phenomenological Analysis (IPA).

Two interpreter agencies, identified as being used by a MSU have been contacted, and have potentially agreed to participate, subject to response from ethics committee. Potential interpreter participants will be contacted through their agency. The eligible criteria will be that they have translated information between a patient and professional in a MSU, are willing to talk about their experiences, and are able to consent to participate in a fully informed way.

Data collection

Semi-structured interviews will be conducted and audiotaped with each participant. I will conduct interviews at the University of East London, as opposed to within the organization with which they are employed. The taped interviews will be transcribed verbatim.

Appendix 5: Response from NRES re: NHS Ethics query

From: queries@nres.npsa.nhs.uk

To: [REDACTED]

Subject: RE: NHS ethics

Date: Wed, 23 Mar 2011 11:51:05 +0000

Your query was reviewed by our Queries Line Advisers. Our leaflet "Defining Research", which explains how we differentiate research from other activities, is published at: <http://www.nres.npsa.nhs.uk/rec-community/guidance/#researchoraudit> Based on the information you provided, our advice is that the project is not considered to be research according to this guidance. It does not require ethical review by a NHS Research Ethics Committee.

If you are undertaking the project within the NHS, you should check with the relevant NHS care organisation(s) what other review arrangements or sources of advice apply to projects of this type. Guidance may be available from the clinical governance office. Although ethical review by a NHS REC is not necessary in this case, all types of study involving human participants should be conducted in accordance with basic ethical principles such as informed consent and respect for the confidentiality of participants. When processing identifiable data there are also legal requirements under the Data Protection Act 2000. When undertaking an audit or service/therapy evaluation, the investigator and his/her team are responsible for considering the ethics of their project with advice from within their organisation. University projects may require approval by the university ethics committee.

This response should not be interpreted as giving a form of ethical approval or any endorsement of the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

However, if you, your sponsor/funder or any NHS organisation feel that the project should be managed as research and/or that ethical review by a NHS REC is essential, please write setting out your reasons and we will be pleased to consider further.

Where NHS organisations have clarified that a project is not to be managed as research, the Research Governance Framework states that it should not be presented as research within the NHS.

If you have received advice on the same or a similar matter from a different source (for example directly from a Research Ethics Committee (REC) or from an NHS R&D department), it would be helpful if you could share the initial query and response received if then seeking additional advice through the NRES Queries service.

However, if you have been asked to follow a particular course of action by a REC as part of a provisional or conditional opinion, then

the REC requirements are mandatory to the opinion, unless specifically revised by that REC. Should you wish to query the REC requirements, this should either be through contacting the REC direct or, alternatively, the relevant local operational manager.

Regards

Queries Line National Research Ethics Service National Patient Safety Agency 4-8 Maple Street London W1T 5HD

The NRES Queries Line is an email based service that provides advice from NRES senior management including operations managers based in our regional offices throughout England. Providing your query in an email helps us to quickly direct your enquiry to the most appropriate member of our team who can provide you with accurate written response. It also enables us to monitor the quality and timeliness of the advice given by NRES to ensure we can give you the best service possible, as well as use queries to continue to improve and to develop our processes.

Website: www.nres.npsa.nhs.uk Email: _queries@nres.npsa.nhs.uk

Ref: 04/02

Streamline your research application process with IRAS (Integrated Research Application System). To view IRAS and for further information visit:
www.myresearchproject.org.uk

Appendix 6: Participant Information Sheet

Researcher: **Lana Molle** Supervisor: **Professor Rachel Tribe**

Please take the time to read the following information. If you have any questions or anything is unclear, please do not hesitate to ask me.

We would like to understand more about what interpreting has been like for people like yourselves who have interpreted in a Medium Secure Forensic Mental Health Unit. We know that the use of an interpreter in psychological therapy raises implications for the patient and therapist, but we do not know much about what it is like for the interpreter. Finding out more about the experience of interpreting within this setting for people like yourselves may help professionals to understand what it is like for you and develop improved ways of working together.

If you agree to take part in the research, I will ask you some questions about your experience of sharing information in a Medium Secure Forensic Mental Health Unit. I will **not** ask you any questions about your historical and personal experiences and would in fact recommend that you do not tell me about these to ensure that you do not find the interview upsetting. I would need to meet with you just once for about an hour. **All the information you give me will be confidential.** I will ask to record the interviews so that I can write down exactly what was said afterwards, but the recordings and the written transcription will be kept separately from your name and referred to only by number. Any information that may identify you will be taken out. You may also withdraw from the study at any point and do not have to give a reason for this.

You do not have to take part in this study if you do not want to. Whatever you decide, your contract with the agency will not be affected in any way

This research, which is supervised by Professor Rachel Tribe, is conducted as part of the thesis requirement for a Doctorate in Counselling Psychology and may later be published in a journal (all participants' names and any identifying information will be withheld). If you wish, I would be happy to send you a summary of our findings at the end of the study in September 2012. This research has been reviewed by the University of East London and has been granted ethical approval.

If you have any questions about this study, or would like to take part, please contact me on [REDACTED] or [REDACTED]

Yours Sincerely,

Lana Molle

Note: **Lana Molle** is training in counselling psychology at the University of East London

Appendix 7: Informed Consent Form

INFORMED CONSENT

Title of Project: **An interpretative phenomenological analysis of the understandings and experiences of interpreters working with information shared in a Medium Secure Forensic mental health unit (MSU)**

Researcher: **Lana Molle**

Supervisor: **Professor Rachel Tribe**

1	Lana Molle has explained the study and what it involves to me.	Yes/ No
2	I have had the opportunity to ask questions and discuss the study.	Yes/ No
3	I have received satisfactory answers to all my questions.	Yes/ No
4	I have received sufficient information about this study.	Yes/ No
5	I understand that my participation is voluntary and that I am free to leave the study at any time, without giving reason and any data collected will be destroyed to my satisfaction.	Yes/ No
6	I agree to take part in this study.	Yes/ No
7	I understand that the interviews will be audio-taped and transcribed.	Yes/ No

NAME IN BLOCK LETTERS:

Signature of Interpreter:

Date:

Signature of Researcher:

Date:

Appendix 8: Debrief Sheet and Sources of Comfort and Help

Thank you very much for making this study possible.

This study aimed to explore understanding more about what interpreting has been like for people like you who have interpreted in a Medium Secure Forensic Mental Health Unit.

I was interested in:

- your experience of, and feelings towards, becoming an interpreter.
- your feelings towards the stories you had to interpret for the patient, and whether they had any impact on you.
- how you have experienced training in mental health issues.
- what it has been like for you to interpret for patients detained in a medium secure forensic mental health unit.

Existing academic literature supports the idea that the use of an interpreter in psychological therapy raises implications for the patient and therapist. However, there is little research looking into what it is like for the interpreter. Finding out more about the experience of interpreting within this setting, for people like yourselves, may help professionals to understand what it is like for you and develop improved ways of working together.

Sources of comfort and help

Talking about your experiences may have left you feeling low or upset. This is quite normal and should pass within a few days. However, if these feelings persist there are local sources of support and comfort which may already be familiar to you.

1. The most immediate sources of comfort and help are likely to be your own family and friends.
2. Should you continue to experience any discomfort or distress following the interview, it is recommended that you speak to your GP.
3. Alternatively, there are also a number of national organisations who can also offer you support.

For example:

<i>Samaritans</i> -	Romford:	01708740000
	Ilford	02085539900
	Leyton	02085209191
<i>Support Line</i> -		01708765200
<i>MIND</i> -	Havering	01708457040
	Tower Hamlets & Newham:	02075101081

4. You are welcome to contact me again to discuss any aspect of your participation in this study, to share any concerns you might have or to ask questions.

Contact details:

Name: Lana Molle Email address: [REDACTED]

Thank you again for taking part

Appendix 9: Interview schedule

Opening the interview

- 1) Why did you become an interpreter?
- 2) What were your feelings about becoming an interpreter before you started?
- 3) What were your expectations of becoming an interpreter?

Process of working in a MSU

- 4) What are your experiences of working in a MSU
- 5) Were your experiences similar or different to what you expected?
Prompt: In what way?
- 6) What was different about interpreting in that setting to other settings?
- 7) How did you feel about the patients you were interpreting for in a MSU?
- 8) I'm wondering what it is like for you to listen to your clients experiences in a MSU?
Prompt: How do you feel about it?
- 9) How did/do you feel after interpreting in a Medium Secure Unit?
- 10) Have you undertaken any training in mental health?
Prompt: What was it? / What would you have liked training in?
- 11) What is your experience of support & supervision in a MSU?
- 12) If you were to give one piece of advice to interpreters working in a MSU, what would it be?

Closing the interview

- 13) Is there anything else that is important for me to know about to understand your experience
- 14) How has it been for you talking with me today?
Prompt: Any questions or concerns?

Appendix 10: Illustrative quotes for master themes and subthemes

Quotes for Master Theme One: Setting the Scene: Medium Secure Forensic Mental Health Units

Where? Why?

<u>Quote</u>	<u>Interview and line number</u>
...all I know is you go to this place you don't know is it a hospital? Is it a prison?.... When you're in there you're still probably like. Where am I? What is this? Where am I? What is this?	Vera lines 246, 249-250
...it didn't, it didn't sort like, you know, scare me because I do interpretations in prisons as well I go to all prisons around London so it didn't scare me	Irena lines 323-324
it's a matter of minutes you don't even know where you're going. You accept something like completely blind	Irena lines 287-288
they phone me and they say to me there's a job because every time you get a job you don't know where you going, who you meeting, which is ok but sometimes it can be difficult because you don't know..... Where you going, what's happening to you, so they said to me, [road name] they gave me the directions, I went there. When I went there I was waiting in reception and again no one said anything	Adrianna 50-51...55-56
I said to myself, uh oh, where am I? Because I didn't know, they didn't say to me where	Adrianna line 62
Some of them they ring you, and once again they don't give you too much information so at the time when you are accepting the job, unless you've been there before and you know what to expect because there are places which we go, you know, quite often, so you know exactly what is going to be erm, if it's a first time job you don't know. Sometimes you don't even know if it's a GP surgery because you get only like, you know, the address, you don't get what it is.	Irena lines 295-299
I think first time that you go there, you don't know what to expect, like I didn't	Irena lines 577-578
if you don't know what you're going for and it's quite difficult it's more daunting on you	Irena lines 590-591
it is a really weird experience if you end up there and you don't know what's happening	Vera lines 442-443
I mean, I didn't, I had no idea! I didn't even know that it was a mental health team! You just don't, you don't, you have no idea	Sandra line 171-172

Unique practicalities of a unique setting

<u>Quote</u>	<u>Interview and line number</u>
Normal mental health hospitals people are more freely out and doors are not locked, you don't have an alarm or anything. It is definitely different.	Bibi lines 423-424
I remember first time when I went to [MSU name] I was, shocked. Well, not shocked as such but overwhelmed you know, they check the staff's finger prints, you have to wait in the door, you know, when the other door closes then, you know, you can go through the door, it's a little bit, you know, overwhelming, you know, the whole experience, in the secure unit the windows, you know, you can't open them, they've got bars	Irena lines 420-423
...but with [MSU name] the place, it wasn't the actual job that affect me, it was the environment and maybe shocking me	Adrianna lines 258-259
... they will put you for example in a room and lock you there and you're in the room, and er, can't open the window, can't breathe properly	Vera lines 260-262
I found certainly the first time with all those doors I was sca, I wouldn't say I was scared, because I wasn't scared, but I just thought, this is just, this is just very, very odd	Sandra lines 282-283
They insist on giving you a screamer. You're just like; why on earth do I have to wear this? Erm, you know nothing. Before you go they don't tell me what it is	Vera lines 247-249
I knew more or less what it could be um because I knew what is forensic means and um so I was prepared to go to sort of a bit isolated area, ah, locking the doors, you need to be careful about your belongings as well so that er the attitudes of the wards to people, the staff, so actually I prepared myself, this is why it was kind of a very routine assignment for me	Mehmet lines 37-40
They insist on giving you a screamer. You're just like, why on earth do I have to wear this? erm, you know nothing. Before you go they don't tell me what it is.	Vera lines 247-248
Scary. Particularly when they gave me the screamer, erm I just like, what's this for? Why you sending me in there? Do I really need this? am I safe in there?	Vera lines 253-254
nervous. For a very long time though. For a very very long time, and erm, the interesting thing is, when they take you to the ward you don't have a nurse with you all the time because they do have stuff to do. They do have obligations and usually they are understaffed anyway. So they will put you for example in a room and lock you there and you're in the room, and er cant open the window, cant breathe properly or....	Vera lines 258-259
it's a place that's very enclosed isn't it. So every time you walk through a door they have to unlock it and you don't know, well if that nurse left me id be completely stuck. Its not a nice feeling to be in. Its erm, the atmosphere is not very nice. You know I mentioned ill people but these are criminals at the end of the day. So for example if you interpret for someone whose killed his mum for example its not.... Its er.... Yeah, you are on edge, yeah you are on edge a little bit	Vera lines 291-296
it's more tense, it's more secure, sometimes the other is just mental health, people with mental health, but there is actually people who kill someone, who, they done something bad, and you see big mens. I don't know what it was, it's, it's hard to explain	Adrianna lines 111-113
like that [unit name – medium secure] and the police station, it's different, it's more serious, more difficult places to work	Adrianna lines 365-369
But, the environment, yeah, as I said they lock one door and another door, if you want to come out, <u>no way</u> , it's like a prison, you cannot come out, you need someone to take you out and maybe when they say that, they give me beeb, I say there must be a danger, there must be a reason to give this to me	Adrianna lines 269-271
we start walking, they open the door, they lock, they open, they keep locking all the	Adrianna

doors behind you. So we went in one sitting room, people, there was, it was all male. Everyone was male, they were playing snooker, very calmly, and I ask, I was wondering, I was scared, and I was, and I ask, usually we don't, I don't ask anything but I said 'why these people are here?'	lines 63-66
I remember first time when I went to [unit name] I was, shocked. Well, not shocked as such but overwhelmed you know, they check the staff's finger prints, you have to wait in the door, you know, when the other door closes then you know you can go through the door, it's a little bit, you know, overwhelming, you know, the whole experience, in the secure unit the windows, you know, you can't open them, they've got bars	Vera lines 420-423
you need to ring the bell because the doors are locked	Mehmet lines 281
(it was a weird set up and I didn't realise you couldn't take phones in and I didn't realise that you couldn't take in keys, that whole thing was really weird, but I was neither frightened of him, nor, erm, um, was I particularly worried, erm, it was just a very odd set up	Sandra lines 161-164
they used to lock me in one of the rooms and its one sided anyway, it locks when you shut it and I used to sit with people looking at the window type of thing	Bibi lines 310-311

The 'need to know' gap

<u>Quote</u>	<u>Interview and line number</u>
... the odd thing about working in those situations is that you don't really know the rules, and the rules are clearly written very large, aren't they, I mean I also work with prisoners sent to hospital and you just, you know that there are all these rules and these rules are enforced in a way that I don't think anything else in life is enforced, it's just really, they have these very rigid rules and you're not privy to them so you don't know what you're allowed to do, and, and I certainly (sighs), I don't know... .. and I don't quite know, you know, whether I'm going to put my foot in it and do something wrong	Sandra lines 277-282, 283
The least they could've said was for example when they take you to the nurses station, 'just so you're aware, this and this is what's happening with the patient' or just be aware, be prepared, but I didn't get that. And I just remember I was miserable for days. I cried, I think I sobbed for 3 days, yeah couldn't sleep properly	Vera lines 197-200
... the lady was quite good you know, the English speaking, because she had a chat with me first of all and she explained to me that she was there to prepare the report er to go to court before the Polish speaking person was sentenced	Irena lines 347-349
think the clinician has the responsibility for kind of going, taking you through, and it's not even the interpreting side of it, it's the peripheral side of it, that's the point, thinking about settings. People who work there, it's their norm	Sandra lines 411-413
maybe if I knew where I was going I would of prepare myself	Adrianna line 86
people are scared or fear things if they do not understand	Bibi lines 390-901
I had some practical issues when I was expected to do some things which I wasn't happy about and I didn't know if I was entitled to say no or not, you know where do we stand	Vera lines 95-95
I think particularly briefing, never mind de, debriefing is important, but I think thinking about sort of, you know sort of, when you arrive and you've never been there before, I think it's to remember that if somebody hasn't, you know, it's, it's easy question, have you, have you ever been here before?..... that person should be	Sandra lines 428-431.... 435-440

saying to you, you know there's lots of doors here, it's going to be ok, because, I've got the keys or whatever, you know, do you need to use the loo? Um, and we're going to be seeing a lady who... da da da da da da, I have seen her once before but it really, we really didn't get very far because I didn't, she didn't understand my question and I, and she was very upset, I certainly didn't understand her, so, what I'm going to do now, I'm going to actually take us through what's happened, it's not taking very long is it	
you <u>need</u> a briefing type of thing, you need to know.	Bibi lines 227-228
I knew more or less what it could be um because I knew what is forensic means and um so I was prepared to go to sort of a bit isolated area, ah, locking the doors, you need to be careful about your belongings as well so that er the attitudes of the wards to people, the staff, so actually I prepared myself, this is why it was kind of a very routine assignment for me	Mehmet lines 37-40
mainly I knew from my research, I know the different levels, I know the high and medium, I know where all the medium hospitals are, I think that not most of interpreters know this but again it's a personal thing, I, I, know where they are, I know what kind of crimes can be put into the medium and what kind of crimes have to go to the high level, I know these things because I read it before, but, maybe it's all about the personal interest but um, but I think the best thing to do is get a general very very basic idea of what the session would be like and um what circumstances I will come across that, that would definitely help you	Mehmet lines 418-424

Post-Session Processing

<u>Quote</u>	<u>Interview and line number</u>
... you come out and you want to sit down and just you know take few deep breaths because, you know, it drains you out, you know, sort of, I feel, I feel I need a break after that, I couldn't go straight, you know like sometimes I go from one session to another..... in a place like that I do need at LEAST half an hour just, and, and, I don't, I try even that's my way of dealing with that, when I come out from the intense session, I don't go on a bus or on a train, I don't want to be with people, I just want to walk for a bit	Irena lines 672-675 682-684
When I go to there, the secure, at least 3 hours after (...) because the words and the information, if I don't feel it, it will be floating around in my head	Bibi lines 453-455
EVERY TIME she is saying the same thing, she is crying in tears, really genuinely, but the same thing, same words, I mean before even she says it, I can say to the service provider what she's saying because I know it has been dug in my head, and I go home change myself and throw myself into gym and sports centre and group activities and I just go mad. Physically, I just go mad, and when I come back I feel like there is a little bit of relief	Bibi lines 467-471
I bring it home, and my long-suffering husband has to hear me carrying on...	Sandra lines 233
It's good to have someone to listen, my experience, because we never ever had this	Adrianna lines 737
when I go home I don't want to talk to anyone	Adrianna line 198
after the session I'm always sitting down if its really affecting me	Mehmet lines 144-145
talking with you, I really enjoyed it and it's, it's, I would like to thank you for doing this study and hoping somebody will hear erm because we need more acknowledgment, more understanding	Bibi lines 664-665
very interesting actually erm, yeah. Just reminds me of interpreters misery actually talking about this again. Erm, can I just say this conversation that we've had, its not something that....ah, let me re phrase it. Erm, we speak with other interpreters when	Vera lines 693-693...

we bump into each other, we talk about these things(.....) Erm., I'm not the only one who often feels like this about the work, the frustration that comes with it, the lack of respect, the lack of appreciation, the lack of knowledge when you go into a setting, if the profession doesn't even have the respect to quickly debrief you what's actually happening, why you there. It gets to people	700-703
Ah! I've found it quite, very good, I didn't know what to expect, I thought it be more answering questions but in more sort of strict way then me chatting away (laughs)	Irena lines 601-602
I don't want to go into to too much details about interpreting, it's confidential, the code of conduct, so I would like to talk more about my experience though	Mehmet lines 277-279
It's been fine (laughing) it's been great, I really love, I really love thinking about these things actually. I have so few opportunities to really look at these things with other people who understand what it's about, um, that it's just you, it's just brilliant.	Sandra lines 497-499
Its hard. Difficult at times...erm, can be quite draining. I was once told by my partner it's a bit like I'm talking all my frustration out of him in the evening for example.	Vera lines 216-217
You don't have that as an interpreter. Its very isolating job. Erm, its...yeah. It feels a bit lonely sometimes, it does particularly if something happened today I cant just turn around and erm like maybe like you could do say something to a colleague like, you know that stupid client who really did drive me up the wall, you don't have that luxury	Vera lines 736-740
when you talk you calm down..... I said I've got supportive family, and my mother in law she is interpreter as well so we do talk about, without giving the names, but every day I'm on the phone she comes round I go round we talk, and it does help, because we don't have anyone to talk about	Adrianna lines 184... 187-189
I need to talk about it after	Mehmet line 164
I am blessed with a best friend who is psychotherapist and when things have been very difficult, she listens to me	Sandra lines 234-235
214-216) most like a counselling, er I think this is definitely a really good idea because sometimes if the session really really intense other than share with your friends you can talk with a professional, so it cannot start eating you	Mehmet lines 214-216
If theres any difficulties, if theres any area they've someone to talk to, guide, ask for guide and advice. We don't. we don't.	Bibi lines 522-523

Overall, it might be normal for you, but not for us!

<u>Quote</u>	<u>Interview and line number</u>
...they're used to it and they don't feel that the interpreter should be any different, like you know in mental health hospitals and secure units and things like that	Adrianna lines 236-237
I think the clinician has the responsibility for kind of going, taking you through, and it's not even the interpreting side of it, it's the peripheral side of it, that's the point, thinking about settings... ... it's easy question, 'have you, have you ever been here before?'...	Sandra lines 411-413 431
...that person should be saying to you, you know there's lots of doors here, it's going to be ok, because, I've got the keys or whatever, you know, do you need to use the loo? Um, and we're going to be seeing a lady who... da da da, I have seen her once before but it really, we really didn't get very far because I didn't, she didn't understand my question and I, and she was very upset, I certainly didn't understand her, so, what I'm going to do now, I'm going to actually take us through what's happened	Sandra lines 435-440
NOT NORMAL Vera (282-283) Those aren't nice settings to be in at all. Particularly if you're not a mental health professional and don't know what's happening	Vera lines 282-283
from service provider point of view they have to be aware of these things, you're coming form the outside, er, er, you're not ready for this environment and er, little bit sympathy	Mehmet lines 208-310

Quotes for Master Theme Two: Unrecognised Professional Identity

You're just an interpreter, shut up!

<u>Quote</u>	<u>Interview and line number</u>
...they talk about 'ordering' an interpreter. Like you order a pizza.	Sandra lines 216
I don't see myself just an interpreter... ... some people's point of view is I'm just an interpreter, just, but I'm never seeing myself just	Mehmet lines 243, 252-253
I do not unfortunately have a profession that's valued and respected in the system	Vera lines 524-525
...actually I have some suggestions about the questions that could change, er, to get information about, well in mental health, but people say, oh, you're just an interpreter, shut up!	Mehmet lines 236-238
...the dismissive behaviour (...) er of interpreter. Oh, usually you don't have a name as an interpreter. So this is Amy the psychologist, this is Doctor Smith the consultant psychiatrist, this is the interpreter	Vera lines 518-520
...everybody introduces ourselves and when it comes to me he starts talking	Bibi lines 251
...that's happened, not once, not twice, not three times, not, it's happened to me, I keep getting caught out. Because I keep sometimes taking home, well, now if I know it's the crisis team I insist on getting a phone number and I insist on phoning them and saying can I meet you at your base, because, New Year's Eve, in the snow, at 7 o'clock at night, still really resonates with me, you know, it was SNOWING and it was New Years Eve and I'm standing there for an hour in the street!	Sandra lines 223-227
...for example I said back in [country] for example you have to go back to University to train as interpreter. Over here you do have basic 10 week courses	Vera lines 30-31
Over here as long as you speak a second language, doesn't matter how well you speak it even if you speak it quite poorly you can get away with calling yourself an interpreter (...) so long story short, back home its more boundaried, its seen as a serious profession, whereas over here its like every tom, dick and harry does it"	Vera lines 43-46
And I think, I, I, I think there's kind of a real awkwardness of having to share your professional space in some way...	Sandra lines 315-316
you know if you're in the situation and somebody book you for three hours then you turn up and you refuse to do it then obviously they get upset and you don't know where you stand you know in such situations	Irena lines 122-124
I'm not the only one who often feels like this about the work, the frustration that comes with it, the lack of respect, the lack of appreciation, the lack of knowledge when you go into a secure setting	Vera lines 700-702
..... Well, he was rude to me! I told you, so how I felt, it's not nice, I'm be there to help! You could try to be kind, I know you're doing very hard job but if you don't like it, don't do it then, I know it's also paying very low, and I don't want to be too political here, Lana, but you know what I'm talking about.	Mehmet lines 555-558
I feel like you know, we deserve some kind of respect	Bibi line 73
it's a lack of appreciation and lack of respect for the job and er also, this is another differencesometimes when you go to work as an interpreter and the things I mean in mental health there is little respect from the people who you interpret for... so for example if you go to ward round and there are nurses and doctors, often they are very dismissive	Vera lines 78-82
You work with a psychiatrist for many many months on end, a week passes, you go in and he turns around and he says to you, 'have we ever worked together'?	Vera lines 511-513
(428-429) they usually just try to get rid of you as quickly as I can. Erm, if you're	Vera

lucky you'll get a debrief.	lines 428-429
Is it because people they don't take it seriously, we don't have anyone to support us	Adrianna lines 190-191
it's very easy to forget that there is interpreter waiting ... you just have to sit there and wait and hope that they won't forget about you	Irena lines 444-445 454-455
I asked for briefing and they said you don't need to know, you will find out, you just interpret what they say	Mehmet lines 58-59
its one of the responsibility as an interpreter to ask for briefing of course it's up to service provider to decide whether she's going to give it to me	Mehmet lines 62-63
I don't see myself just an interpreter, but its safe to say people see it sometimes ...some people's point of view is I'm just an interpreter	Mehmet lines 243 252
I am actually staff, and if you don't mind I would like to sit in the nurses station or if you can find a room away from the patients, and they look at me, 'who the hell do you think you are?'	Sandra lines 304-306
we are a professional body and most people do not see us as a professional body	Bibi lines 75-76
I deserve like yourself how much effort your putting into your relation, er profession, to get the same respect	Bibi lines 79-80
if we go late there's some places really rude to you, they don't like it, they try to find any excuse not to sign your time sheet because if you sign it you're going to get paid if you don't you don't get	Adrianna lines 300-304

A bit like I'm not worth protecting

<u>Quote</u>	<u>Interview and line number</u>
... it depends on the professional's mercy though, of you as an interpreter... Sometimes yes, erm...other times you're being thrown in at the deep end	Vera lines 164, 168
... its one of the responsibility as an interpreter to ask for briefing, of course it's up to service provider to decide whether she's going to give it to me.	Mehmet lines 62-63
they take you in the ward area and the nurse for example pops into the nurses station. You're just standing outside and the other patients come up to you and they hassle you. Erm, once I remember I was pushed by another patient....so ("How did you manage that?": Researcher) Erm (...) knocking on the nurses station window, nurse just very kindly ignoring me. Me knocking louder still nothing happening until I bashed against the window and then she let me in"	Vera lines 262-264, 268-269
("How did that make you feel?": Researcher) Erm (...) well a bit like I'm not worth protecting I guess. Erm, you know, them being a bit oblivious to what's happening with you	Vera lines 273-274
One thing that strikes me about going into these hospitals is how unaware of my safety the mental health professionals are, so, they've got alarms hanging from their waistbands but they think nothing about asking me to sit in the smoking room for example!	Sandra lines 286-288
I am actually staff, and if you don't mind I would like to sit in the nurses station or if you can find a room away from the patients, and they look at me, 'who the hell do you think you are?'	Sandra lines 304-306
I was asked to interpret for a TB infected patient at the hospital and he was in a	Irena

isolation room and I was asked to go there without any protection because they didn't have any er, you know the doctors and nurses they were wearing masks and gloves and aprons and but the mask they just pulled off their face when they were leaving the room and when they were going in they put it back on but they didn't have any spare masks so I was only provide with er plastic gloves (laughs) to go to a TB infected patient	lines 101-106
there are some really wrong attitudes you can come across which you shouldn't in the first place anyway er so this is maybe, they felt sort of isolated, um, um, I'm a professional here but um, you've put me in the same environment	Mehmet lines 321-323
I was waiting in the venue and there was clients there who has some mental issues and have commit crime in the past. They put me in same area. They shouldn't do that. It's a risk....	Mehmet lines 285-287

Most of the time I feel like a voice machine

<u>Quote</u>	<u>Interview and line number</u>
"most of time I feel like a voice machine"	Bibi line 572
... sometimes I feel like I being treated like a voice machine and I really hate that I mean that really gets on my nerves and to be honest I will make the service provider life difficult er in a subtle way	Bibi lines 61-63
ok, I need to be invisible but same time at the beginning you can acknowledge my professional body there, exists	Bibi lines 254-255
I sometimes feel like mental health workers, more than any other type of workers, see interpreters as a piece of equipment, but I somehow have expectations that mental health professionals might actually consider the personhood of the person they working with	Sandra lines 212-213
It is nice to say people that you've worked with, like they acknowledge themselves as a being, that you're a being, in that circle as well.	Irena lines 579-582
it's a part of denying the personhood of the, of the interpreter	Sandra lines 310-311
it was nice to be acknowledged as a human being that it actually might affect me what's being spoken, I am, I am a human being	Adrianna lines 572-574
As a person, but at that time I was acknowledged as a person, not a professional body so it was more individual	Adrianna lines 578-579
always an achievement and I was part of that so, if it is acknowledged by someone else or not, but I helped, I try to acknowledge it myself	Bibi lines 617-618
because (name) says we're co therapist's in this one (laughs)	Sandra line 352
mean lots of people said I'm quite good with my interpreting skills	Irena line 164
I hear this nearly daily, 'you're a really great interpreter, I've hardly ever worked with a interpreter this good'. I'm not just saying this....this is the response I'm getting	Vera lines 548-550
It is nice to say people that you've worked with, like they acknowledge themselves as a being, that you're a being, in that circle as well. Next time I, I am working with that person, automatically you are giving more. Professionally, you are giving more, it's just ah, priceless, put it this way	Bibi lines 579-582
I felt like a being. Because erm like I said most of time I feel like a voice machine and it was nice to be acknowledged as a human being that it actually might affect me what's being spoken, I am, I am a human being. It was nice, like I say I always enjoy	Bibi lines 572-574

and like to be acknowledged	
it is really nice because you get some kind of acknowledgement of your observations, your knowledge, your skills	Bibi lines 184-185
I like people actually acknowledging there's a professional body	Bibi lines 189-190
that mean that she actually appreciated it as well. So it, this is, please me, it is better than the pay	Bibi lines 99-100

Quotes for Master Theme Three: The MSU interpreters: A superior professional excellence or mere mortals?

The cream of the crop

<u>Quote</u>	<u>Interview and line number</u>
It's ok for me, but apparently it isn't ok for other interpreters.	Bibi line 429
The reason I got the second patient with that is because [agency name] and said that '[Bibi] do you mind to take on another patient? Because my other interpreters they do not want to go there and as far as til now that you didn't complain' and I said that '...you know, not a problem, wha, what's the problem with that place?' Apparently they don't feel safe	Bibi lines 4-6
...they know I don't go there and they say, 'oh we know, interpreters, they don't like going there'	Adrianna lines 77-78
...you meet the clients, they kill someone, something happen, it's fine, but actually to go there is, is, it's not for me. I cannot do it.	Adrianna lines 91-92
I think now because of my experience that, then I go in such a settings that if people refusing briefing I will actually point out and ask can I please have a briefing	Bibi lines 225-227
each time they phone they know I don't go there and they say, 'oh we know, interpreters, they don't like going there'	Adrianna lines 77-78
There are times really really difficult but I never refuse any assignment and I took on anything, doesn't matter how difficult I felt personally	Adrianna lines 47-49
I am more opposite (laughs) but some people are the other way round and that might help more interpreters to actually be more confident to be in such places	Adrianna lines 595-596
So therefore I talked to myself it cannot be, the worst case scenario maybe I might get hit but that's it	Adrianna Lines 321-322
I wanted to push myself to be able to, if you do not push your limits you can never gain new levels so from that point	Adrianna Lines 287-288
I felt safe I didn't feel unsafe like some of the other interpreters experience about it	Adrianna line 314
I think I'm quite tough skinned now, but I must say, it's easier now that what it used to be. You know, at the beginning I was more thinking about what happened during the day, you know, even, even the about the person, it was playing on my mind, but now, I've probably got used to it	Irena lines 640-642
for me it's ok, but I know some of my friends didn't complete the job	Mehmet line 307
The thing is that I've actually, I've been actually asked to run sessions on working with interpreters in mental health	Sandra lines 392-393
its, strange thing, she knew! But she said to me, oh, lots of interpreter they don't want to go there	Adrianna line 340

"You need my professional services to be able to provide your service"

<u>Quote</u>	<u>Interview and line number</u>
You need my professional services to be able to provide your service	Bibi lines 248-249
... any kind of therapy works the best if it's done just by the therapist directly	Irena

communicating with the service user but er obviously there is, it's not possible so they have to use interpreters	lines 334-336
... it's a statutory obligation because people don't er, doesn't know the language and you have to provide the service so you have to arrange an interpreter.	Mehmet lines 244-246
...you help them to overcome the language barrier because without you they wouldn't be able to communicate with each other	Irena lines 61-62
and that's the reason they need interpreter to get it clear again	Bibi line 361
people they need us	Adrianna line 35
without you they wouldn't be able to communicate with each other	Irena line 62
they have to use interpreters	Irena lines 335-336
without you they wouldn't be able to achieve whatever you know	Irena line 131
you have to provide the service so you have to arrange an interpreter	Mehmet line 245-246
interpreters have to be there	Mehmet line 566
I have to be there	Mehmet line 276
if you speak [language], you don't need me	Sandra lines 333-334
I'm the thread through the visits	Sandra lines 376-377

Because translation is not just about the words

<u>Quote</u>	<u>Interview and line number</u>
... it's really hard to interpret something if you don't understand how the system works. Because translation is not just about the words. It's about erm, understanding, making sense of the information that's being given to you.	Vera lines 126-128
... people think that if you just have the words, you just say the word, but actually, if you don't understand the context... ... the whole thing is really quite awkward	Sandra lines 182-183 185
...because it's not a case of just knowing the language, it's a case of skills as well within interpreting. And, again it's not that easy, unless you're bilingual, even if you're bilingual you need to be able to know the techniques and do them to be able to understand how mentally draining it is	Bibi lines 185-187
If you are not fluent in the language, what you are doing is translating from one language to another in your head because first you think in your mother tongue and then translate it. If the meaning changes you need to be able to think in two languages because it's a different concept and that's why they were getting confused with things that he said before and that's the reason they need interpreter to get it clear again	Bibi lines 357-361
... the communication is how much 20 or 30% verbal and 70 or 80% non verbal? When I sit there I don't see what's happening in the person's face which makes interpreting incredibly difficult. Sometimes you don't hear properly, so things like sarcasm for example. If you say 'well done' or 'well done' it, I sometimes miss out on those things as an interpreter and my job is to enable successful communication.	Vera lines 659-633
its not a case of knowing the languages it's a case of understanding the language and sometimes they can speak in such a way in the middle that you need to make sure exact of what is being said to be able to pass, and. Its really hard work	Bibi lines 138-141
what I observe, you know if they are speaking fast or slow it can be noticeable but I,	Bibi

you know, but I think about the language used type of thing	lines 173-175
she is asking my comment and I said I am not in any position to be making comments here I mean if you ask me language skills it is my area I can give you feedback but I'm not going to give you feedback what I think about his mental state	Bibi lines 368-371
If the meaning changes you need to be able to think in two languages because it's a different concept	Bibi lines 359-360
if I'm sitting here and I say any words, I keep writing down, learn the meaning, everything, so I think, I think that's the only way	Adrianna lines 248-249
I've got very good memory so you know if people not used to working with interpreters they just you know say too much at one point it's quite difficult to remember, I know that some people take notes and things like that, I never, never done that but erm I got very good memory	Irena lines 165-167
because interpreting's very intense you should be very careful about er, er, the terminology and the words and accuracy, so it's really tough	Mehmet lines 153-154
people need to show and demonstrate that actually know the terminology or they know at least the setting and they are well aware of what means mental health in wards, what it means outpatients, what it means in health clinics, er, what is mean in house wards, all these things, er terms, definitions will definitely help when you interpret	Mehmet lines 479-482
It's not just linguistics and language together in sessions, I mean the presentation, the topic, it's important as well.	Mehmet lines 462-463
after doing the DPSI I realised how complicated the whole thing was and here I am years later and I think I have that even more now..... I think about what I did and how I did it, what I did and how I said it, quite a lot	Sandra lines 145- 146... 146-147

Quotes for Master Theme Four: 'Catch-22'

<u>Quote</u>	<u>Interview and line number</u>
Part one: Emotions = unprofessional	
... you need to protect yourself so this is the first rules that you are being told every time it's repeated and repeated and repeated. So then, you know, it is just against your profession, kind of thing to feel or connect or let people go through you, their emotions go through you	Bibi lines 565-567
I am not allowed to connect, I mean, as a professional when we are trained, we are said, said that you will always have to be professional, you were always have to be objective	Bibi lines 559-561
the second time I was just cold stone, maybe I was too cold (laughs) but that is the only way that I could actually handle it	Bibi lines 291-292
emotionally touching and you try not to get involved too much in the situation so that it doesn't compromise your position as a interpreter	Irena lines 381-382
And I said I didn't feel anything, then she was like shocked that I didn't feel anything, honestly I didn't feel anything because I don't allow myself to feel. It's sad what he did and that he's struggling to move on but I don't feel him, I cannot allow myself to feel because so much will be left in me, even if I don't allow myself to feel I still have filled up with negative energy which I need to find a way to get rid of	Bibi lines 454-459
So you have to be quite strict and er not feel emotionally involved	Irena lines 470-471
I don't feel anything, I course I feel, sometimes empathy and feel sad to the people hurt or like if I really really like the client sad for what they've did, but of course I never, I'm very careful, I don't want to show my emotions because it's again impartiality in the session	Mehmet lines 113-115
I'm <u>always</u> very professional, of course (laughs) some, some er, histories behind things that happen to people are quite erm, it makes you, it makes you, of course, we are all human beings, but I always try to separate my emotions from my job	Mehmet lines 69-71
I try not to feel them, because feeling them means becoming emotional and becoming emotional means you are no longer objective	Bibi lines 296-297
of course always try to be very professional and even though its, its affect me already when I'm interpreting it, even though I've started thinking what has happened to the people and what the client did, I always, you know, the brain actually works really well, so I think I somehow manage to separate these issues	Mehmet lines 141-144
when you actually follow the pattern it is easier for them and it helps me separate my emotions from what I interpret	Mehmet lines 371-372
I want to separate because then I'm going to lose my impartiality and it's going to be against my role	Mehmet lines 83-84
Part two: Adhering to others' expectations – blocking emotions	
no one ever ask me how I feel because then I suppose that is a door that you are opening for me to connect with the non-english speaker and I am not allowed to connect	Bibi lines 558-559
... as a professional when we are trained, we are said, said that you will <u>always</u> have to be professional, you will <u>always</u> have to be objective	Bibi: lines 559-561
It could either be experience and you start developing, I don't know, coping strategies such as not getting too emotionally involved or it's like a shutters coming down	Vera lines 229-230
... as an interpreter I have to be neutral, I'm neutral or doing any comments, not saying anything, not thinking anything	Mehmet lines 233-234
the more and more you hear, the more you start thinking it's just one of those stories again	Bibi lines 301-302

from this I learned to protect myself, I made up my own system	Bibi line 508
But with time I learned that um I don't let them effect me because when I leave the venue I must switch to be able to give my 100%	Bibi lines 44-45
I learnt more and then I, maybe after this training maybe I, I, I am much better, not just with my interpreter skills but learning to cope with the environment	Mehmet lines 208-209
... you are not allowed to keep any kind of contact with the officer or the client, or other interpreter for that matter! Because they don't want us to talk about, you know, which I think, in a way it's a bit sad because sometimes we could share the experience but we're not allowed, we're not allowed to talk to each other, we're not allowed to meet, we're not allowed to have each other number	Irena lines 526-529
There's been a shift. After that experience I think, I dunno whats happened. I don't get emotionally involved anymore	Vera lines 204-205
But I've noticed something. As time passes you manage to deal with it much better	Vera line 225
It could either be experience and you start developing, I don't know, coping strategies such as not getting too emotionally involved or its like a shutters coming down	Vera lines 229-230
I think it comes from experience because now even if its something er more serious more like you know morally touching I don't er, I don't get er, upset, as much as the beginning by smaller things	Irena lines 388-389
Just to listen, <u>don't judge</u> , just interpret, not to change anything, just calmly interpret, do your job, you are there to interpret not to think, not to add, not to say less	Adrianna lines 318-319
just don't judge, don't judge, just calmly interpret and that's all	Adrianna line 327
you have to be calm and <u>just</u> interpret, not to think	Adrianna line 324
Part three: See's self as a machine	
I thought, you just like a machine to help people to overcome their language barrier	Irena line 59
I am only there for interpreting. You must keep impartibility, I am only a bridge of the language	Mehmet lines 109-110
I'm only a machine who says whatever is being said	Irena line 158
... regardless what I think about it I should pass all the information because like I said before I'm only a machine who says whatever is being said, in whatever language so I do pass it on	Irena lines 157-159
...I am a voice of the person, just the, the machine, that's it	Mehmet line 111
I'm not really there, I'm only lending my voice. I have no professional input to make in that conversation or the dialogue that's happening between the two, between the service user and service provider. I'm only there because the service user doesn't speak the language	Vera lines 617-620
No. no. because it's not my role and erm my duty is just interpret what's being spoken	Bibi line 486
Part four: Denial of personhood is a impossibility	
...of course always try to be very professional and even though its, its affect me already when I'm interpreting it, even though I've started thinking what has happened to the people and what the client did, I always, you know, the brain actually works really well, so I think I somehow manage to separate these issues"	Mehmet lines 141-144
I can't say that it just goes over me like water off a duck (laughs) but, er, I try not to take it on board too much because like I said, first of all because of my job, I, I can't be compromising that because it's not role	Irena lines 391-393

it's a little bit demanding because you're only human so you try to stay you know, detach yourself from whatever you are interpreting but it can't be helped	Irena lines 66-67
I'm always very professional, of course (laughs) some, some er, histories behind things that happen to people are quite erm, it makes you, it makes you, of course, we are all human beings, but I always try to separate my emotions from my job	Mehmet lines 69-71
during the session I always try not to think because otherwise I can't do my job	Mehmet line 149
course I get left feeling 'oh my goodness', so how do I manage it... URGH!! (laughs) by being really angry	Sandra lines 210-211
I always feel something for people because of my personal attachment	Mehmet lines 331
its affect me already when I'm interpreting it, even though I've started thinking what has happened to the people and what the client did	Mehmet lines 142-143
we are all human beings	Mehmet lines 70-71
it's a little bit demanding because you're only human so you try to stay you know, detach yourself from whatever you are interpreting but it can't be helped	Irena lines 66-67
So, yeah it does have an impact on you, cause its another human being. You see them suffer and it gets to you	Vera lines 219-220
I am human and I do, even though I've blocked them, because the words and the information, if I don't feel it, it will be floating around in my head	Bibi lines 454-455
I can't say that it just goes over me like water off a duck (laughs) but, er, I try not to take it on board too much because like I said, first of all because of my job, I, I can't be compromising that because it's not role	Irena lines 391-393

Quotes for Master Theme Five: The MSU interpreter and the MSU patient

'An Ally'

<u>Quote</u>	<u>Interview and line number</u>
"So this person, no he's not your friend, he's not your husband but you've worked with that person for many months"	Vera: lines 195-196
"...what happened is that sometimes if you speak to someone in your own language straight away they feel that you are on their side because you can understand them, you know, because you can understand them. They are in there for days or weeks and nobody speaks to them in their own language because like in there they haven't got, I don't know, there's nobody there that can speak [language] so, for so many days they are there without any means of communication with anybody and then you turn up and their sort of like "AH!! You can speak to me in my own language so obviously you on my side, you came to help me" and, that's how they see you and you sort of can't allow that to go above what you're supposed to do, you are there to help them to speak to whoever needs to speak to them, but not to help them in any other way.....Sometimes being cruel in a way because that is how they see you"	Irena: lines 473-481 485-486
"...when people speaking my language and probably maybe he was born in the same city as me, we have lots of common things, we could just talk and become like really close friends because in that separating is not isolation people need someone who at least is coming from same culture, same religion, so, erm, this is what I want to separate because then I'm going to lose my impartiality and it's going to be against my role"	Mehmet lines 80-84
as soon as they see you or hear your voice and that and then you feel like you're letting down and they're sort of, 'oh, you don't want to help me'	Irena lines 493-494
it's quite, quite difficult because straight away it goes from, you know, liking you very much to not so much or even not liking you at all (laughs).	Irena lines 519-520
when people speaking my language and probably maybe he was born in the same city as me, we have lots of common things, we could just talk and become like really close friends because in that separating is not isolation people need some one who at least is coming from same culture, same religion, so erm this is what I want to separate because then I'm going to lose my impartiality and it's going to be against my role	Mehmet lines 80-84
If you get really close in that small period of time they keep saying don't translate this, don't translate this, and I telling them I've already told you that I need to be doing this, this is why, they want to get information from you. So this is, I try to not to get involved too much with the client but of course within a type of frame you need to try, try to be friendly, because if you're friendly people are liking, people are willing to talk, with this, this smile (laughs)	Mehmet lines 91-95

In-session Relationship

<u>Quote</u>	<u>Interview and line number</u>
You know I mentioned ill people but these are criminals at the end of the day. So for example if you interpret for someone who's killed his mum for example its not.... It's er.... Yeah, you are on edge, yeah you are on edge a little bit	Vera lines 293-296
"To minimise these things, this, I don't wanna hear, I don't, I know there are really disgusting horrible things happens, with purpose, without purpose in this world but um lets say, like I said before if I did not know, you would not be worried. If you do not know you could not describe it. It will not affect you."	Bibi lines 399-402
...the psychiatrist already knows some things, right, and the women obviously knows	Sandra

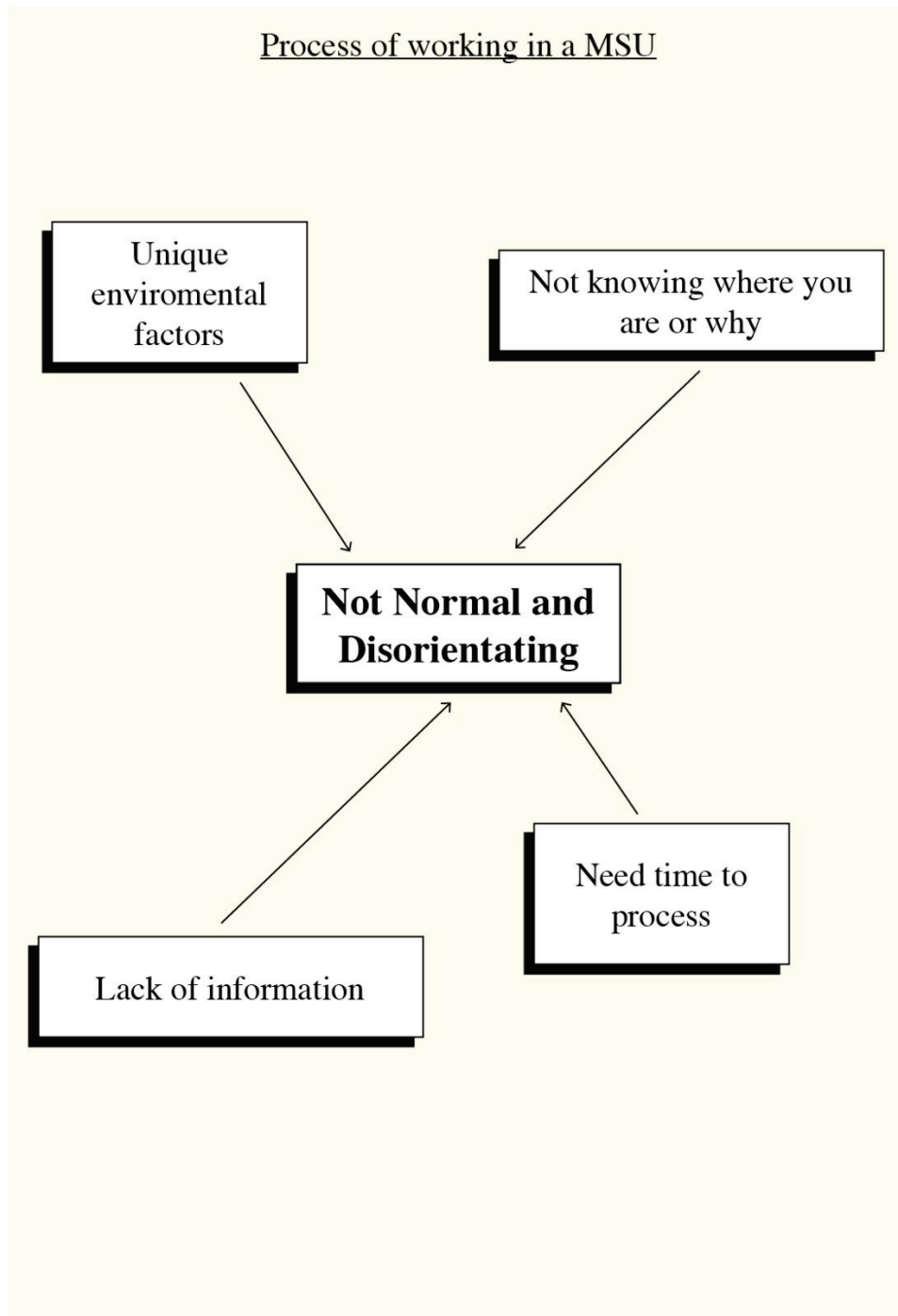
all her bit and you're supposed to work with this assumed, or, or, or previous knowledge, so you're supposed, and, and of course if you don't have the whole context, sometimes it's, it's quite difficult to understand what in fact is being said	lines 177-180
I guess one thought is yes he might be on medication, but what if he jumps up for example. What if he gets really upset....or....because I'm not trained in mental health as yet. Erm its like, I wouldn't know how to react in a difficult situation like this. So being on edge, a little bit nervous I think is erm a good word to describe it, unsettled maybe	Vera lines 318-321
it makes you nervous because you don't know what that person is capable of	Vera line 314
I am thinking that he is going to get up straight away and actually attack both of us even though we were watched with guards, because clearly he was been really violent and god knows who he killed or how many people he killed	Bibi lines 376-378
because you know if you don't know you can just move away	Mehmet line 170
my face it must be shocking, my face I don't know, she said to me, don't look at this strangely, they are people, they don't kill every day people, there's a reason. It's true, but, I wasn't mentally ready to think anything else.	Adrianna lines 68-69
There is one psychotherapy session I am going to and I am getting the level that I erm, ah, it's boring me, because every time she is saying the same thing, she is crying in tears, really genuinely, but the same thing, same words, I mean before even she says it, I can say to the service provider what she's saying because I know it has been duggen in my head	Bibi lines 466-469
There was this particular chap who had stabbed his wife... (pause).... quite a few times actually. And he was telling me the story form his side, but then I go to a different mental health another setting and I bump into his wife..... I'm sure these people didn't know, ok they are using the same interpreter but erm, you hear it from one side, from the foren....from the ill person's point of view and then from the poor victim who got stabbed	Vera lines 383-385... 390-392
For example one person was incredibly funny, she was very vivid to be honest, erm, I don't understand why is that, is it because I don't know the details of crime, shouldn't know anyway, details	Mehmet lines 397-399

Making sense of the offence

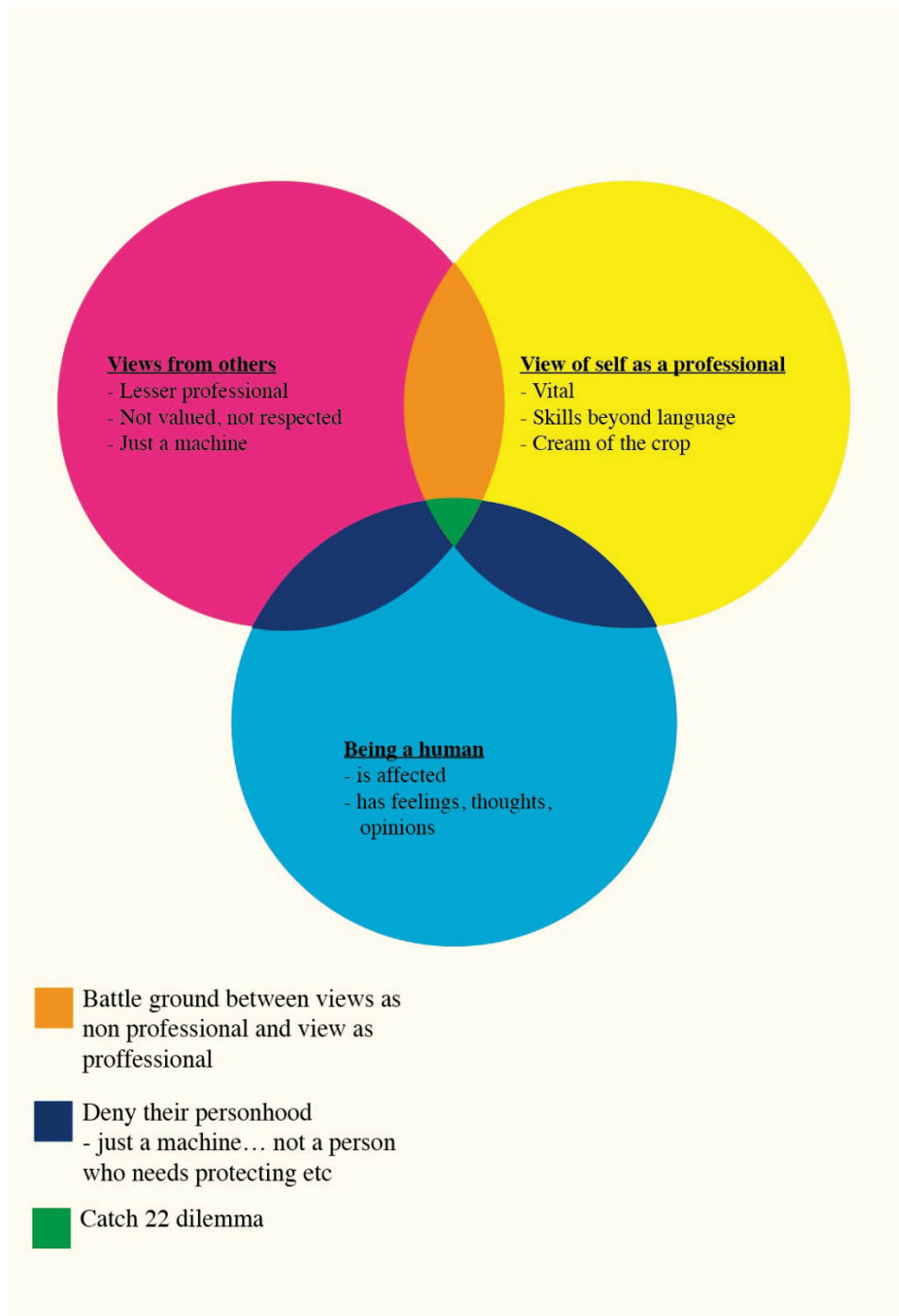
<u>Quote</u>	<u>Interview and line number</u>
... just remind myself this is a client, whose difficulties have nothing to do with me. That's the only way you can protect yourself from going... well I wouldn't say crazy, but from suffering too much	Vera lines 236-237
you feel sorry for the per, the client in the cell because I think he was using drugs he didn't know what he was doing	Adrianna lines 367-368
I know that they committed such a horrible, horrible death to the people around them for the person round them but I know that they didn't mean to, they were protecting themselves	Bibi lines 334-336
I take a step back and then I say hang on a second this is a person who is unwell, a normal person wouldn't have killed his mother	Vera lines 346-347
there is a reason for them to be in a medium secure	Irena line 365
usually it's for a reason, it's not because they haven't done anything. Obviously I am not saying that they are guilty, but obviously I wasn't the one who put them in there and I'm not in the position who can take them out of there so you know, I just treat it as a job.	Irena lines 426-428
there was also drug, drugs involved as well and sometimes you think in a way she create that	Irena lines 379-380
if there's no any reason nobody will commit murder or commit a crime, they won't do	Mehmet

anything, so of course I always think there might be some reason	lines 331-333
Sometimes I get frustrated like, you know, sh, shut yourself, leave the past in the past, come on, move on, stop moaning and crying and feeling sorry for yourself, if you're feeling sorry for yourself everybody else will feel sorry for yourself, it's just like, something sometimes so simple but you just can't say it, and sometimes I feel maybe it is attention seeking, sometimes I feel like maybe people got to live like this for a long time, like this is the only way that they know how to, and um, if you do not do anything for yourself, nobody will	Bibi lines 460-465
it's the fact that you can't, you know, you can't, you do feel sorry for them, that they are there, but they don't want to be there, and sometimes they say that you, but I didn't put them there, and I can't take them out so you have to go with, in your mind that you're not able to help them in that respect	Irena lines 460-463

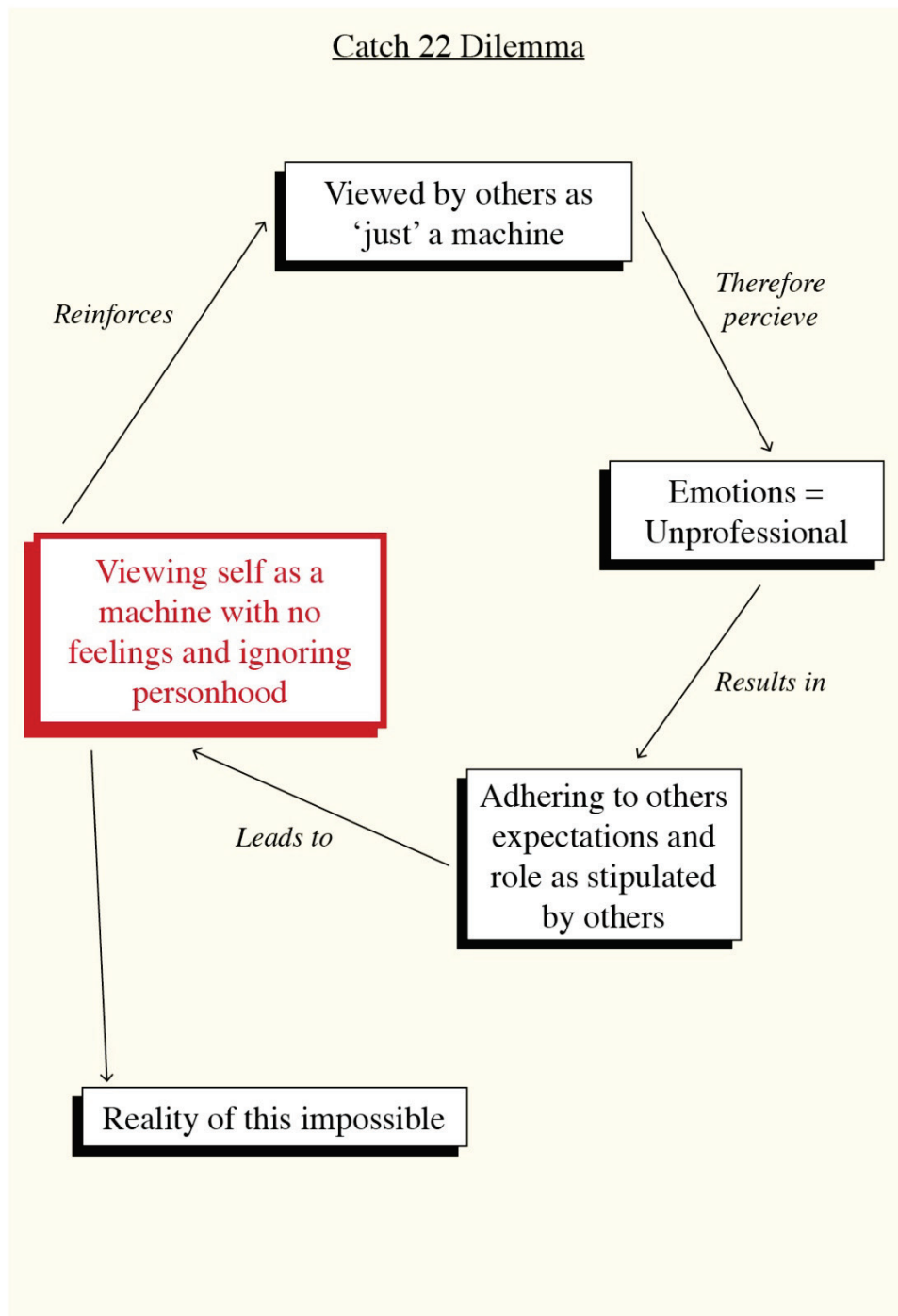
Appendix 11: Pictorial view of themes



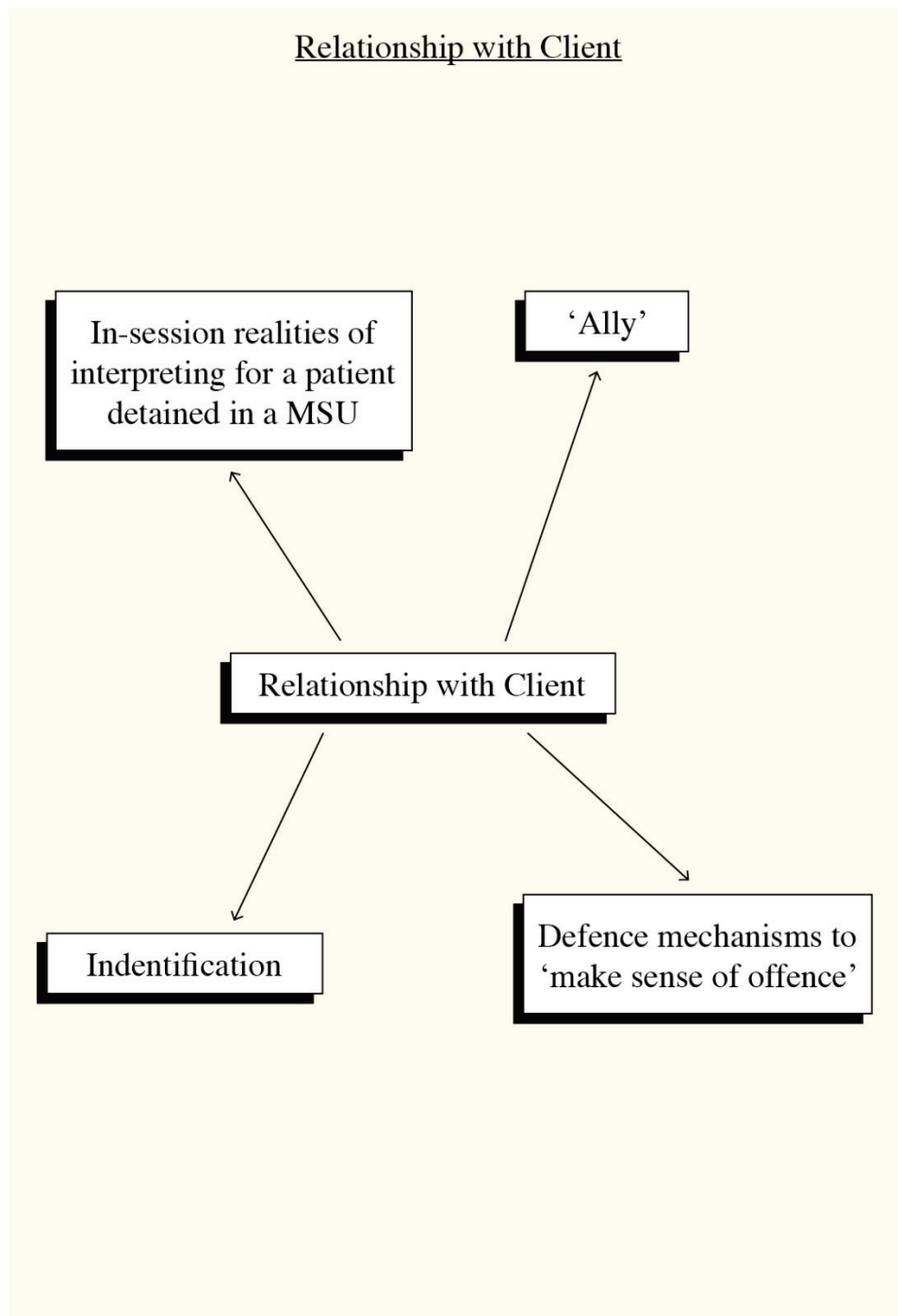
Appendix 11: Pictorial views of themes



Appendix 11: Pictorial views of themes



Appendix 11: Pictorial views of themes



Appendix 12: Irena Interview Transcript

Exploratory Comments	Original Interview Transcript	Emerging themes
<p>Training – systems/policies</p> <p>Trust</p> <p>Relationship</p> <p>English 2nd language later in</p>	<p>(filling in demographic form)</p> <p>1) Irena: I work for social services and obviously the laws are changing, I don't remember all the training, every six months or so they doing something like to bring us up to date with the benefits systems, you know, when there was the expansion of the EU, the rights of the EU, the European arrivals, things like that. Also I have had training in interpreting in Mental Health, and I am on the register of national interpreters of Mental Health</p> <p>2) Researcher: Ok (.....)</p> <p>(filling in demographic form – number of patients seen in MSU)</p> <p>3) Irena: I think it was three, but I can't remember. There was one lady that I went to meet not just once, it was like on a few occasions because they tried to, I mean in most of the er interpreting sessions, especially in mental health, they try to use the same interpreter because sometime the mental health patient they build a little bit of sort of trust so if they can, they try to use the same person</p> <p>4) Researcher: Ok (.....) Erm, if you can just start today by telling me why you became an interpreter?</p> <p>5) Irena: Erm to be honest with you, it was basically, I came to the UK about 20years ago without any knowledge of English whatsoever. I came here to study English, and back then I had to pay quite substantial amount of money, it was approximately</p>	<p>Relationship between patient and interpreter</p>

life	about twelve hundred pounds for one academic year, er, which is a lot of money but because I wanted to study English, because back then in [country name] it was the after break of [political agreement] and there was a loads of foreign investments you know flooding [Country] and erm I finished university in [country] and er wanted to get good employment and then wherever I went they were happy with my qualifications, they were happy that I could use computers because that was new thing as well, but erm all the computing systems were in English and erm that was the thing that was used against me basically. They were happy with everything else but they weren't happy with the fact that I couldn't speak any English, so I said the quickest and the best way of learning I try a private school in [country] but it, I didn't feel that I was getting anywhere er so I decided to come to England to er study and that's what I did and I was studying er obviously I started from the very low elementary level in er [college name] in [place name] and gradually progressed through intermediate, upper intermediate, advanced and proficiency. I took proficiency in English from [University name] and then when I was able to speak English, then some of my friends and acquaintance were using me as a interpreter, basically whenever they wanted to go to the bank, or office, or doctor, they would ask me to go with them and because they were my friends I didn't feel that I could take money from them. And, erm, not me or them were aware of any interpreting services in East London or West London because I had quite a few friends from West London we didn't know that anything existed like that. So, er, and then my husband, who is English, said why don't you, you know, make it as a career, become an interpreter and because I like working with people, I thought, yeah, I try that. So I've done my research and er I found some interpreting agencies which like I said I wasn't aware they existed because I needed help, you know, early on, and erm I dind't know, so I approached them and the first agency I was working for was er in Canary Wharf because that was er actually on the building site, it wasn't an interpreting	
Need for English		
Not speaking English is a disadvantage		
Language barrier		
Stumbled across the job		
Assisting others / favour		
Interpreters unknown resource		
Like working with people		
Invisible interpreters – not knowing they exist		
Being needed		Pragmatic means of becoming an interpreter

Speaking language is a specialist skill	<p>agency as such, but they needed somebody who could speak foreign languages, specially like [language] and [language], so they took me on and I was working for them for about two years, and in the meantime I found about [agency name] and I started for [agency name] about ten years ago er and er I'm still working for them, but in the meantime I join other agencies like in Barking, Dagenham and then some like smaller firms which do like only interpreting for like probation, I joined [agency name] and also few er soliciting companies, you know, basically went there with my business card and ask if they ever get, come across [country] clients and if so, if they could use my services, so I've got, not a lot of work from them, but now and again</p> <p>6) Researcher: Mmmm</p>	Falling into job rather than choosing it as a career
Job enjoyment	<p>7) Irena: And I enjoy my job quite a lot, that's why you know we go through ups and downs, especially during school holidays it's a little bit of dead period and obviously you can feel it you know when you get your wage package but I'm not looking for anything else, I'm really stick to that because it just kind of job which brings you quite a lot of job satisfaction you feel like you know you helping people</p>	Positives of the job
Satisfaction of job compensates for low remuneration	<p>8) Researcher: Mmm</p>	Helping people – positives of the job
Helping others	<p>9) Irena: I thought, you just like a machine to help people to overcome their language barrier, you know between the client, as we call the [country] person, non-English speaking person and the officer, which is the English speaking person so you feel you achieved something because you help them to overcome the language barrier because without you they wouldn't be able to communicate with each other</p>	Being a machine
Breaking barriers Machine Bridge	<p>10) Researcher: Mmmm</p>	More than a machine

<p>Helping communication Vital</p> <p>Demanding as human not machine - emotions/feelings inevitable Need to detach but sometimes can't (me: curious about the detachment – I'm ignoring the humanness that she speaks of!)</p> <p>'working in office' 'outside working hours' – 2 hats?</p> <p>Not having contact helps coping</p> <p>Correcting self to assure me she understands the need for confidentiality?</p>	<p>11) Irena: Obviously you know, sometimes it's a little bit demanding because you're only human so you try to stay you know, detach yourself from whatever you are interpreting but it can't be helped, you know sometimes if you are interpreting for a sick child obviously you do take it on board and it er upsets you sometimes</p> <p>12) Researcher: How do you erm detach yourself?</p> <p>13) Irena: Er, I just basically try to treat it as if I was working in office and don't bring it home try not to think about it outside of my you know working hours and obviously because we're not allowed to keep er contact with our clients that also helps you know that you don't get contacted by them outside of your interpreting.</p> <p>14) Researcher: And, how do you manage the emotions when it does affect you</p> <p>15) Irena: Er, it's a little bit difficult because obviously we have to be quite serious I mean very serious about confidentiality, you're not supposed to talk to anybody about it er from the [agency name] we've got now, but it only happened I think yesterday or the day before yesterday, that we were sent er, last year basically we had er, I don't remember, it was kind of a survey when some of us, especially the longer service for the [agency name] were invited to talk to er somebody from Human Resources because [agency name] is a part of [place name] council, and er about our experience and what we would like to change and I think quite a few people suggested we need a little bit of support and that actually has been actioned now and couple of days ago we receive email about organization that provides confidential support service and we started co-operating with them so if anybody needs to talk to somebody outside of the agency, obviously our first point of contact</p>	<p>Vital / necessity Breaking barriers Only human – does get affected</p> <p>Human vs machine</p> <p>Coping – detachment / avoidance</p> <p>Rules – not allowed to share experiences</p> <p>Breach of confidentiality if talks – reinforce not allowed emotional reaction</p>
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<p>'little bit' – minimising own needs</p> <p>Request for support is being heard</p> <p>Lacking – laughter – nervous Repetition of 'honest'</p> <p>Uncertainty about expectations – not knowing where she stands</p> <p>No protection</p> <p>Not entitled to same precautions as others</p> <p>Dismissive of interpreters needs / safety</p>	<p>is the agency but we can also ring these people because they available 24 hours 7 days a week if we feel that we need to talk to somebody.</p> <p>16) Researcher: Hmmm, what has your experience been with support and supervision in a medium secure place?</p> <p>17) Irena: Erm, to be honest with you I think it's lacking (laughs) I mean support and supervision, I mean that's my honest opinion, I mean thankfully I er emotionally I never had any problems with that, I had some practical issues when I was expected to do some things which I wasn't happy about and I didn't know if I was entitled to say no or not, you know where do we stand</p> <p>18) Researcher: Mmm</p> <p>19) Irena: For example er on one occasion I was asked to interpret for a TB infected patient at the hospital and he was in a isolation room and I was asked to go there without any protection because they didn't have any er, you know the doctors and nurses they were wearing masks and gloves and aprons and but the mask they just pulled off their face when they were leaving the room and when they were going in they put it back on but they didn't have any spare masks so I was only provide with er plastic gloves (laughs) to go to a TB infected patient</p> <p>20) Researcher: Mmmm</p> <p>21) Irena: But because they been waiting for me and they needed me so I didn't feel I could say oh I didn't feel very comfortable going in, what if I get infected? You know, I wasn't sure if my injection which I had when I was a child would, you know,</p>	<p>Needs beginning to be recognised</p> <p>Interview as place to be honest and talk</p> <p>Not knowing / having rights</p> <p>Safety not considered by others (machine doesn't need the protection a human does)</p> <p>Less rights than service</p>
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<p>Put at risk</p> <p>Not knowing rights Being relied on (didn't feel I could say – not having rights) Questioning own safety</p> <p>Fear of repercussions of saying no Put at risk! Able to speak to agency</p> <p>'uses you' – product</p> <p>Expectations from others – we're paying you to do as we want – product</p> <p>No control / choice</p>	<p>would work 35 years later and erm I didn't know if I could say no, if I could refuse the interpreting, if I wouldn't be in trouble, you know, from not going in, so I did go in but then erm I wasn't happy about it so I spoke to the [agency name] and er the deputy manager rang the hospital and complained basically and make them aware that if anything happens to me we will, you know, take further actions, because I was put at risk, er that was one thing. Sometimes er people erm especially its when we go to mental health hospitals or units, secure units, when erm they've got solicitor on board and the solicitor basically uses you to go through all the documents when they have to section somebody which once again that's not the proper channel of doing that but because they argue it is they book us for two or three hours and they pay for that so we should be doing whatever they require us to do where in fact they should be emailing or sending all documents to be translated to the [agency name] in writing and only use us as a face to face service, you know spoken interpreting, not translations, but once again, you know if you're in the situation and somebody book you for three hours then you turn up and you refuse to do it then obviously they get upset and you don't know where you stand you know in such situations</p> <p>22) Researcher: mmmm. What were your expectations of becoming an interpreter before you became one</p> <p>23) Irena: erm, I thought it would be exactly the same what I was doing before you know for my friends only I would be getting paid for it (laughs) basically, plus like I said it, it brings you quite a lot of job satisfaction because 99% of times people are happy and they're grateful that you helped them because they know that without you they wouldn't be able to achieve whatever you know</p>	<p>provider</p> <p>Not knowing rights</p> <p>Uncertainty as to what role involves</p> <p>Variety of types of job</p> <p>Beck and call of service provider – have to do it even if not their 'role'</p> <p>Lack of clarity about role</p> <p>Fear of repercussions</p>
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<p>Laughter suggests that her expectations were wrong?</p> <p>Client grateful</p> <p>Helping people</p> <p>Job satisfaction</p> <p>Vital</p> <p>Taking the fall</p> <p>Object of anger / frustration</p> <p>Not knowing</p> <p>Rights to safety – not being met</p> <p>Pressure</p> <p>Not wanting others to be in trouble</p> <p>Power</p>	<p>24) Researcher: mmm</p> <p>25) Irena: Whatever they wanted. There are some occasions when especially when things go wrong then they blame you for that which does happen people get upset if they get bad news about for example their benefits or health so obviously you are the one that deliver that bad news so you are on the receiving end of what ever they think about the system or whatever so they take it on you and that's not very very pleasant and once again because the English speaking person doesn't understand you know what's being said so once again you don't know how to react to it because obviously we've all got rights to work in a safe and secure and abuse free environment and we should be able to say actually I don't like the way you speak to me and I refuse interpreting for you but at the same time you under pressure because you know if you do say this then the [language] speaking person will be you know in trouble and they may not been seen or they may be removed from the patient list. So it's a little bit of tricky situation you know what to do in such a case do you say what they said to you or you just say nothing</p> <p>26) Researcher: How do you manage it</p> <p>27) Irena: It depends on the severity of the situation, I do, I don't, you know hold in all the time if, if it has to be said, it has to be said, even if there are implications for the patient. I had a couple of patients removed from the patients list because they were you know (laughs) even more than rude, they were <u>abusive</u> and towards me and towards the doctor for example and I did pass the information on because I felt you know why should I just put up with it when if he said that directly to the doctor I know the doctor wouldn't</p>	<p>Not knowing rights</p> <p>Positives of job – helping others</p> <p>Being vital</p> <p>Fall guy</p> <p>Role confusion</p> <p>Not knowing</p> <p>Dilemmas of not knowing</p>
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<p>Not knowing</p> <p>'holding' abuse from patients – object of frustration and anger</p> <p>laughter – guilt?</p> <p>Should have same rights as service providers</p> <p>Not allowed to consider own thoughts / feelings Merely a conduit</p> <p>Laughter – uncertainty, uncomfortable</p> <p>Skills beyond language (but deducing it just to language – say and repeat) then showing skills</p>	<p>28) Researcher: Mmm</p> <p>29) Irena: So I did pass it on. And plus, you know, at the end of the day regardless what I think about it I should pass all the information because like I said before I'm only a machine who says whatever is being said, in whatever language so I do pass it on without....</p> <p>30) Researcher: What's it like to think of yourself as 'only a machine'?</p> <p>31) Irena: Erm, I don't, I mean, it's just a figure of speech I don't think I'm just a machine (laughs) because er I mean lots of people said I'm quite good with my interpreting skills, always say and repeat everything, you know I've got very good memory so you know if people not used to working with interpreters they just you know say too much at one point it's quite difficult to remember, I know that some people take notes and things like that, I never, never done that but erm I got very good memory, especially during you know like therapy sessions is sometimes very difficult to stop somebody because you know then they can just lose what they were trying to say</p> <p>32) Researcher: Mmm</p> <p>33) Irena: So if, if it's possible I try, try not to stop them and er just try to remember everything what they said when I'm repeating it to whichever to the [language] side or to the English side, erm, it's because some, I try to repeat everything you know everything whats being said and also some of the clients especially the [language] clients they can speak some English so you know they know exactly what's, what's being said. Sometimes I had sessions which were tape recorded and then they were</p>	<p>Impact of them on the lives of others</p> <p>Being a container</p> <p>Relationship with patient</p> <p>Hierarchical situation – doctors etc at top</p> <p>Being a machine / not human</p> <p>Not just a machine</p>
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<p>Clients 'knowing' if not repeating – telling me how good she is – check her and she's doing it properly Being in the middle</p> <p>Just there to pass information – nothing else</p> <p>Doesn't want to be thought of as rude or arrogant by non-english speaker</p> <p>Empathy derived from experiences – mentalising</p>	<p>played back just to check er and everything was spot on so, and the same like I don't withheld any information from my own knowledge, if somebody's trying to say to me oh I tell you something but you know don't say that thing to the other person (laughs), if you don't want them to know, don't say anything to me at the end of the day, I'm not here for, for you to confide in me, just pass the information so if you don't want to say anything just keep it to yourself and the same, it works both ways because sometimes I get that from the English speaking person when they start, oh between me and you, and I say I'm sorry but I'm obliged to say everything so if it's something you don't want the [nationality] person to, to know please don't say it because I can't, you know I can't just talk to English speaking person for even a short while and pass anything to [language] because it's, first of all it's rude or even arrogant.</p> <p>34) Researcher: Mmmm</p> <p>35) Irena: You know I wouldn't want to be in a room where I don't, when I've got interpreter and nobody tells me what's happening, what's being said, so I also put myself in that position, you know that I know, I mean I know from my own experience because like I said before er I came to England I couldn't speak any English and as you can imagine at the beginning it was very difficult, even I remember my first few weeks at school where there were some people in my class who could speaks, who could speak <u>very</u> limited English but I was even jealous of them being able to say something because I couldn't say anything</p> <p>36) Researcher: Mmmm</p> <p>37) Irena: You know it was, it was very difficult so I know that sometimes I was in the</p>	<p>Others recognising skills</p> <p>More than language</p> <p>Competence</p> <p>In the middle – on no-ones 'side'</p> <p>Relationship with client and service provider</p> <p>Don't want to be seen as aligning with service provider</p>
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identification	<p>room full of people when I didn't understand what they were talking about or I could pick up couple of words from the whole conversation</p> <p>38) Researcher: Mmmm</p> <p>39) Irena: So I know it's upsetting, that's why you know based on my own experience I don't want people to feel the same ways especially if there is an interpreter present in, in the room</p> <p>40) Researcher: Um, you described the English speakers as officers</p> <p>41) Irena: That's what we call them, yeah</p> <p>42) Researcher: Um, what's your experience of support and supervision from the officers in a medium secure unit</p> <p>43) Irena: Erm, once again, it depends, you know you come across people who never work with an interpreter and they tell you that from the beginning, they said you are the first interpreter I'm going to be working with, how do we work, how do you want me to you know work, do you want to interpret sentence by sentence or what, you stop me when you have enough information, er which is quite nice because I'm quite flexible so whatever its, you know, its easier for them I, I probably, I never stop them like after one sentence because it's just, just silly, you know, it goes, it comes with territory you've built, you know your experience on that and er skills but sometimes if that's what they want that's fine by me, that's what we do! But sometimes people, if they haven't got any experience of interpreters they just forget about us and like you know they just say so much that is very difficult to, to</p>	<p>Identifying with client</p> <p>Identifying with client</p>
Own experiences impact how she is as an interpreter		
Knows how it feels		

<p>Service providers not knowing – seeking guidance from interpreter</p> <p>flexible</p> <p>No knowledge of their job by service providers</p> <p>Being forgotten – invisible</p> <p>Not acknowledging the interpreter – lack of regard for their abilities Expectations of the interpreter</p> <p>De-brief Regard for interpreter's thoughts</p>	<p>remember</p> <p>44) Researcher: Mmmm</p> <p>45) Irena: And then you have no choice but, but to stop them. But, er if you have to stop them everytime that's a little bit, you know, it's not easy it's like come <u>on</u> can I just say what's been said so far before I forget but obviously you have to do it otherwise its complete waste of time you being there because you are not able to remember what's been said for 10 or 15 minutes because sometimes they probably would try to say that much without, you know, acknowledging that you will have to interpret that afterwards. Erm, sometimes if it's like a difficult session, er, er, they stop because obviously when we finish the session usually the [nationality] person goes and I have to stay for them to sign my timesheet so sometimes they use the, you know, few seconds just to say, oh are you ok? Was everything alright? Or they ask for feedback. Sometimes they ask you about your own opinion how it went and erm how do you feel , you know if the person was honest or something like that. Sometimes they ask about your emotions, especially after like difficult sessions, sometimes they do spend a little bit time with us to, to make sure that we're ok, but sometimes they just, you know, they're used to it and they don't feel that the interpreter should be any different, like you know in mental health hospitals and secure units, and things like that, but you know, it depends on the person, but generally speaking I must say that it's ok, it's not er that bad that I would need to take it any further</p> <p>46) Researcher: Ok, erm</p> <p>47) Irena: Most peoples are very approachable, you know, if you feel that you want</p>	<p>Lack of training for service providers</p> <p>More than language</p> <p>Knowing that her role is skilled – but others not understanding this</p> <p>Being forgotten</p>
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<p>'little bit time' – mercy of service provider</p> <p>acknowledging the interpreter - different for different people</p> <p>not that bad – does it need to be a certain level before it's 'ok' to discuss it</p> <p>Receptiveness</p>	<p>to say something you know they sort of appreciate if you say something like give them a little bit of feedback or even like you know during the sessions if you say that something is not going very well, for example, I, I give you er an example from a couple of weeks ago we went to a, erm, clients home in the evening with a social worker and [nationality] people they've got a tendency to share, they live like in a shared homes like basically there's loads of strangers under one roof and they've got communal areas like you know kitchen and living room and erm the lady decided to conduct the interview in the kitchen and when we started it was ok because it was only another lady who was cooking her dinner and didn't pay any attention to what we were doing, but during the interview which took almost two hours (laughs) there was other tenants came back to the house and obviously they were after work so they wanted to you make they food or dinners or even put shopping away, and I felt that because we talking about quite delicate matters that it wasn't very appropriate for me. Obviously the English person didn't realise because she probably thought about they don't understand what I'm saying so you know it doesn't make any difference but I knew exactly that everybody was listening or at least hearing you know in between what we talking about and because of the sensitivity of that issue I felt that wasn't very appropriate for us to be discussing this kind of things in front of other residents and I said that to er, obviously I didn't say to the Polish speaking person, but I ask the English speaking person first erm do you think maybe that I could ask if we could go somewhere more private because theres quite a lot of people in here now and people are listening and because of what we're saying maybe she doesn't wish</p> <p>48) Researcher: Mmmm</p> <p>49) Irena: That to to know by other people. And she was like 'ah yeah, I didn't think</p>	<p>More than just language – need to be acknowledged</p> <p>Debrief</p> <p>Normal for service providers</p> <p>Mercy of the professional</p> <p>Recognising role/skills of interpreter</p>
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<p>Noticing what the service provider doesn't Role more than just translating Considering needs of the client</p>	<p>about this! I think this a great idea, yeah, ask her' and I ask her and she was like 'yeah, I wanted to ask but I didn't know if we could stop now, I wanted to to say could we go to my room because I don't want other people to know about it because it was you know quite sensitive and obviously we stopped and went upstairs but you know once again I didn't have to because she should be doing that (laughs)</p>	Relationship with client
<p>Opportunity to discuss – not merely translate</p>	<p>50) Researcher: Mmmm</p> <p>51) Irena: You know, I felt that er she should have made the environment a little bit more, you know, comfortable for the client, but she didn't, but, like I said I presume that because the way she looked at it, nobody understood what she said so.</p> <p>52) Researcher: Ok, um, what did you think about forensic mental health before you accepted a job there?</p>	Advocate
<p>Better than the service provider – noticing what she didn't "didn't have to – she should be doing that" Taking on S/W role – taking responsibility for well-being of client (advocate)</p>	<p>53) Irena: Erm, I didn't know to be honest because some of the agencies they email us and basically it's on first come first serve so you got like matter of seconds to respond so basically just get your diary out, look at the date and the time and you click, yes I'm accepting this job and submit it because if you start reading about it then the job will be gone to somebody else</p> <p>54) Researcher: Ok</p> <p>55) Irena: So, erm, even like this morning when I was coming to you, I receive a job and I was reading how long it was for because I had something before and after and some of the jobs are for two hours three hours it depends and I was reading how</p>	<p>Advocate role – needs of the client not being met</p> <p>Proving professionalism</p> <p>Doing the job of the service</p>

<p>advocating</p> <p>Going in blind – no knowledge of what you're accepting</p> <p>Urgency to accept Being replaceable</p> <p>Urgency to accept job</p> <p>Completely blind</p>	<p>long it was for and erm, the screen came the job has already been accepted when the form was open on your screen (laughs) so unfortunately it's a matter of minutes you don't even know where you're going. You accept something like completely blind and then when you get the time sheet like few, half an hour later then you can see, and once again it's not very often you can ring them and say 'oh listen, I don't want to go to this place' so whatever because then they will get upset because then they send a, one you accept a job they send a confirmation to the English speaker that we've got an interpreter for you who will be coming and then erm obviously they have to get back in touch with them, 'sorry the interpreter cancelled it, we'll find somebody else', and then they have to send a new confirmation so they don't like, you know, that extra work (laughs) so if you do it too much then you will get told off and then they won't give you jobs for a little while. Some of them they ring you, and once again they don't give you too much information so at the time when you are accepting the job, unless you've been there before and you know what to expect because there are places which we go, you know, quite often, so you know exactly what is going to be erm, if it's a first time job you don't know. Sometimes you don't even know if it's a GP surgery because you get only like, you know, the address, you don't get what it is.</p> <p>56) Researcher: Mmmm</p> <p>57) Irena: You don't know if it's a home visit. Sometimes they do give you because er, er, for example if it's like a police interview so it says 'tape recorded police interview' or 'interview under caution' or erm or just 'therapy appointment' or 'GP appointment' but sometimes it doesn't say nothing so you accept it without any knowledge, the same like with that job in er, that's why when, when I received the first email and they asked me if I've ever been to [unit name] I thought 'it rings a</p>	<p>provider / more than role originally requires</p> <p>Roles / models of interpreting - interchanging</p> <p>Not knowing Going in blind</p> <p>Replaceable if don't do what's asked</p> <p>Not knowing what you're</p>
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<p>Fear of repercussions / losing work – HAVE to take jobs</p> <p>Experience = knowing</p> <p>No details of what type of setting</p> <p>Small amounts of information</p> <p>Signed to many agencies – more likely to get work??</p>	<p>bell, but I don't, I'm not sure' and I put it because all my time sheets from every agency I keep in separate folders and when I put it in [agency name] folder [unit name] nothing came up</p> <p>58) Researcher: Ok</p> <p>59) Irena: And I thought, I'm sure I've been in there, but when I just put it in my folders then the other agency came up</p> <p>60) Researcher: Can you tell me about your experiences in the medium secure?</p> <p>61) Irena: Erm, I went there for one patient, it was a lady patient erm couple of times, I don't know what, what do you...</p> <p>62) Researcher: What was it like for you working in that setting?</p> <p>63) Irena: Erm it didn't, it didn't sort like, you know, scare me because I do interpretations in prisons as well I go to all prisons around London so it didn't scare me, but obviously it was a little bit different you know going through the security and what I found you know when I was waiting for my, because er, I think it was a doctor that came but from the outside to er provide report for the court erm and erm when I was waiting for her I could see the patients you know being taken out, you know, through the window, I could see them being taken out to, to stay outside or for cigarettes and it's obviously makes you think a little bit, you know, people, and some of them are quite severely you know mentally disabled, so. I, it is definitely different because mental health interpreting is different because when I do another interpreting sometimes I'm able just to summarise you know, what's being said, I</p>	<p>accepting</p> <p>Beck and call of agency or not given work</p> <p>Not knowing</p> <p>Experience</p> <p>Going in blind</p> <p>Information dependant on service provider</p>
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<p>Scare – is there something scary if she wasn't scared because of previous experience?</p> <p>Understanding of the environment based on previous experiences</p> <p>Differences – mental health to other settings</p>	<p>can for example, if it's a GP appointment I can link up with a patient while we are waiting to be called in, and when we go in he asks basically he asks me what the problem is and er I'm able to, to tell him. But the symptoms in erm, mental health I have to interpret word for word because obviously you know, any kind of therapy works the best if it's done just by the therapist directly communicating with the service user but er obviously there is, it's not possible so they have to use interpreters and sometimes if the interpreter is not doing his or her job correctly some of the information can be missed you know between the lines so, even if the therapist or the doctor or the psychologist is asking me, or er asking the patient a question directly through me and the patient gives them the answer even if its not the right answer I say exactly what they said, and, if they want, then they can ask again or they can interpret or they can ask differently because they, for them that make the difference what they said to that particular question so I never say 'oh it wasn't what he ask you' or 'actually what he wanted to know from you' because it's not my job</p> <p>64) Researcher: Mmmm</p> <p>65) Irena: So I just pass the information what I got and if, like I said, if they want they can ask again and er in [unit name] the lady was quite good you know, the English speaking, because she had a chat with me first of all and she explained to me that she was there to prepare the report er to go to court before the [nationality] speaking person was sentenced and she said it's very important that you know, I mean she didn't have to underline it, but she, she did, she said it's vey important that I pass <u>everything</u> what I get from her regardless if it's relevant or not. So obviously, once again, some people if they are used to working with interpreters they make it quite clear what they expect from you and also they sometimes want</p>	<p>Assumption same as prison</p> <p>Environmental issues of a MSU</p>
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<p>Different types of interpreting for different contexts and settings VITAL</p> <p>Interpreters have a big responsibility to communicate accurately</p> <p>Telling me her skills</p> <p>Not my job – role expectations</p> <p>Just pass the information – roles</p> <p>Good experience of being briefed “quite good”</p> <p>Confirming expectations</p> <p>Experiences of service providers working with interpreters</p> <p>Becoming the client</p>	<p>you to interpret in the first person so you basically become the non-english speaking as you talk and erm I think that was tape recorded, yeah, it was tape recorded as well. I think that was the time they were checking if I was saying absolutely everything yeah, but she was happy because she did book me again because obviously we couldn't do it, we spent about two and a half hours but we couldn't cover everything because you know, with mental health patients sometimes they just drift off somewhere else or they just don't want to talk anymore and er, obviously we're limited by time because the secure interviewing room where we were, that was only booked for two hours as well. But, um I do feel sorry, going to places like that where people are locked up er against their will and they have to be there, they don't have any choice that they can go</p> <p>66) Researcher: What was it like listening to the clients stories and interpreting the clients stories in a medium secure unit</p> <p>67) Irena: Errr... obviously you know, there is a reason for them to be in a medium secure so you know it's more serious it's more you know emotional, and er, but I was quite happy that you know the, the English speaking person took everything so slowly so she didn't put any pressure because the lady was getting emotional and she was crying so I didn't have to like, rush, rather than you know putting pressure on her to talk she let her to cry and left her to that basically, obviously comforted her before we left and said that it wasn't a problem and that we would come back like another day because she also realised that er quite a lot depended on that report</p> <p>68) Researcher: What was it like to hear what was getting her so upset?</p>	<p>Different to other mental health jobs - uniqueness</p> <p>Conduit / linguist model</p> <p>Ideal world – no interpreter – but interpreter is vital</p> <p>Interpreter – key to session Can impact the session</p> <p>'through me' – voice of the client</p> <p>flexibility</p> <p>Models of interpreting – just to translate (word-for-word)</p> <p>Linguistic model</p> <p>Being briefed – good</p>
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<p>Being re-booked / checked Telling me that she's good because she gets rebooked and when checked all is good</p> <p>Empathy to client</p> <p>Justifying why the patient is detained Moves away from her feelings Opinions of service provider – good</p> <p>Empathy towards emotional client – 'obviously comforted her'</p> <p>Moves away from the emotional difficulties</p>	<p>69) Irena: Err.... it was quite difficult but at the same time at some point I did realise that she was saying something's like you know in, in her defence because she knew that the judge would be reading that but I wasn't er, it wasn't, er, I don't know how to say but it wasn't er genuine because she just wanted us to hear that and pass it to the judge some of the things were quite moving because she was separated from her child because she was locked up in there so she was very worried about the child, erm there was also drug, drugs involved as well and sometimes you think in a way she create that for, for her but er, it is, it is quite er you know, emotionally touching and you try not to get involved too much in the situation so that it doesn't compromise your position as a interpreter because you know, if you start feeling so sorry for the person then you know you become emotionally involved and then, without even knowing that you might start taking sides or things like that, or wanting to help her more then your capacity</p> <p>70) Researcher: How do you manage to keep your self emotionally separate?</p> <p>71) Irena: Er... I think it comes from experience because now even if its something er more serious more like you know morally touching I don't er, I don't get er, upset, as much as the beginning by smaller things. You know, I got used to it that at the end of the day I've got my own life and I have to stick to it rather than getting involved or living somebody else's life. You know, I can't say that it just goes over me like water off a duck (laughs) but, er, I try not to take it on board too much because like I said, first of all because of my job, I, I can't be compromising that because it's not role, you know when I go for jobs as a health advocate that's completely different because then I'm on the side of the patient of the [nationality] person, so if I feel that I've got some informations which would help them, I can use that, you know, I can tell them, but if I go as an interpreter which is majority of my work it's</p>	<p>conduit</p> <p>Becoming the client – first person – merging with the client - identification</p> <p>Being briefed – good – know expectations</p> <p>Long sessions in MSU Security of environment</p> <p>Relationship with client – empathy</p> <p>Making sense of why the patient is there - rationalising</p> <p>Differences in MSU – more serious Highly emotive in MSU</p> <p>Empathy for client</p>
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Judgement towards client	interpreting not advocacy then obviously I can't, you know, I can't get involved because you know, then I jeopardize the whole thing because it's not my role	Responsibility 'a lot depended'
Justification of clients actions – drugs	72) Researcher: How do you feel about the clients in the secure unit that you have worked for?	Empathy but rationalising – protection/ defence
Have emotions but 'not involved' – supposed neutrality	73) Irena: I, I... .. I felt sorry for them. But, erm I wasn't in a position to help them anyway.... .. But erm, I didn't feel that er, basically, I, I felt like, you know, they've done something to be there, it wasn't done, ok it was done against their will but it wasn't done for nothing you know, there was a reason for them to be there and probably in those two cases I felt that was the best place for them at that time... .. there, there were, I mean, in both cases we did ask about how they being treated and that and neither of them complained, I mean they wanted to be out, but I mean they didn't complain (laughs) you know how they were treated	Has an emotional reaction – needs to separate it – difficult to stay neutral
Unconscious identification – want to help?		Staying professional
Learning to cope She has an opinion – morally touching – 'serious' in a MSU Distancing	74) Researcher: You told me about one of the clients you interpreted for there, what was it like working with the other one?	Restraints of job
Restrictions of role	75) Irena: Erm... .. the other one was probably less stressful because there was no, er, no children erm involved in that, so it wasn't, because I'm mum myself so if somebody is talking about children obviously it moves you a little a bit, but the other one wasn't as difficult as this one, plus this one I was more involved because I even went to court with the client who was in there	Experience –learn to cope
Different roles undertaking		Getting used to it
Responsibility – if not doing role required can	76) Researcher: Ok, um, do you think there's anything that could help an interpreter who is going to work in medium secure forensic mental health?	Not getting involved – distancing – separating self and client - defence

<p>'jeopardize' Impact of role on others</p> <p>empathy Helplessness Making sense – they've done something</p> <p>VERY UNSTRUCTURED – indicate difficulty making sense</p> <p>Laughing – uncomfortable with what she is talking about</p> <p>Personal circumstances impacting emotional material</p> <p>Being involved All the different things required of a MSU interpreter Differences – very unique – nothing can prepare you</p>	<p>77) Irena: Erm, I'm not sure because there isn't anything really you can do to prepare yourself for that. You know, I remember first time when I went to [unit name] I was, shocked. Well, not shocked as such but overwhelmed you know, they check the staff's finger prints, you have to wait in the door, you know, when the other door closes then you know you can go through the door, it's a little bit, you know, overwhelming, you know, the whole experience, in the secure unit the windows, you know, you can't open them, they've got bars in, and er, everything is very supervised, you know, they don't move freely, we had the people brought to us by the psychiatric nurse, he stayed with her, then he took her back, so you know, obviously I feel that their freedom is a little bit restricted but like I said, usually it's for a reason, it's not because they haven't done anything. Obviously I am not saying that they are guilty, but obviously I wasn't the one who put them in there and I'm not in the position who can take them out of there so you know, I just treat it as a job. I just go there, do what's requested from me, move places if they ask me to sit in there, sometimes they've asked me to, I don't remember if it was in the [unit name], I think it was!! When they lock me in the room! Because they said for my own safety!</p> <p>78) Researcher: How did you feel when they locked you in a room</p> <p>79) Irena: I said to the lady, 'I hope if the fire alarm goes you won't forget me!!' (laughs) because you know, the window doesn't open, there's no reception in the phone, and you are in a room locked up for your own safety so obviously it's like, hmmm, what if I was desperate to go to the toilet or something like that you, I have to wait for somebody to come and unlock me and it, sometimes it does happen when people you know, forget about you, that you are waiting for them, I mean, fortunately it hasn't happened to me, but I know even sometimes in hospital they</p>	<p>Is affected by what she hears</p> <p>Role undertaking – different to advocacy</p> <p>Conflict – human (when advocate) can help Machine (when interpreter) must stay separate.</p> <p>Empathy – protect self from distressing feelings about client by distancing self</p> <p>Making sense of her work</p> <p>Coping with feelings towards the detained patient</p> <p>Identifying with patient</p> <p>Relationship with patient</p>
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<p>Environmental factors Shocking / intimidating</p> <p>Making sense of the patient being detained</p> <p>Tone of voice – forcefulness when telling of being locked in</p> <p>Nervous laughter – fear of being forgotten – doesn't tell me how she feels! trapped</p> <p>reliance on others</p>	<p>say to me, 'oh do you know the patient' or even sometimes I suggest, I know the patient, can I go, you know, can I go to his room? He says 'yeah, yeah, fine, if you want', and then nobody turns up for half an hour and you have to go back to the nurses station and say, um do you remember I'm waiting? 'Oh I've bleeped the doctor but he hasn't get me back' and I says 'can you do it again?' you know, because they are busy doing, with all the patients dealing with something so it's very easy to forget that there is interpreter waiting, and it's the same in there, so it is a little bit, I wouldn't say scary, but, it plays on your mind, you know, being locked in a room where you can't escape you can't ring anybody</p> <p>80) Researcher: Mmmm... You say it plays on your mind...</p> <p>81) Irena: mmmm! It's er, like I say, you think, what if they forget? What if, how will I raise an alarm? I'm not sure, oh, I think there was an alarm, but then you feel, well you wouldn't raise an alarm to attract somebody's attention (laughs) have you forgot about me, because it's not that serious, it's not that important, so I'd feel probably embarrassed if I had to press the alarm, but I think there was an alarm button by the door, but you don't feel, you know, like you can use it! So you feel like er you just have to sit there and wait and hope that they won't forget about you.</p> <p>82) Researcher: Mmm, is there a piece of advice that you would give an interpreter who was about to work in a medium secure unit who'd never experienced anything like that before?</p> <p>83) Irena: Er, er, I think it's, er, once again, it's the fact that you can't, you know, you can't, you do feel sorry for them, that they are there, but they don't want to be there, and sometimes they say that you, but I didn't put them there, and I can't take</p>	<p>MSU interpreter –asked to do many different things inc. court / solicitors</p> <p>Can't prepare – not like other settings after all</p> <p>Environmental disorientation</p> <p>Unique differences of the MSU</p> <p>Making sense of the patient being detained</p> <p>'Just a job' making sense machine – do what's asked</p> <p>locks = evoking sense of threat</p> <p>fear</p>
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<p>Interpreter easily forgotten</p> <p>'Scary' – not permitted to be scared? But something to be scared of?</p> <p>'escape' – trapped</p> <p>fear of being forgotten</p> <p>Certain 'point' before permissible to raise alarm that been forgotten – not important if just forgotten</p> <p>Mercy of the professional</p> <p>Empathy</p>	<p>them out so you have to go with, in your mind that you're not able to help them in that respect, it doesn't matter if they ask you, you know, you can't er, get involved or er promise them like this lady she asked me to bring her something from outside, you know, because she knew that I was coming back which once again I'm not allowed to do it</p> <p>84) Researcher: Mmm</p> <p>85) Irena: And I er had to be quite strict with her, you know, and say 'I'm sorry' she says 'oh I pay you back when, when you bring me'... this is not about payment, I can't you know, bring anything back. So you have to be quite strict and er not feel emotionally involved, I'm not saying don't feel sorry for them, but, like I said, you are not the one who places them there, and you're not the one who can take them out so you just have to think about it and make sure that, because sometimes, what happened is that sometimes if you speak to someone in your own language straight away they feel that you are on their side because you can understand them, you know, because you can understand them. They are in there for days or weeks and nobody speaks to them in their own language because like in there they haven't got, I don't know, there's nobody there that can speak [language] so, for so many days there are there without any means of communication with anybody and then you turn up and their sort of like "AH!! You can speak to me in my own language so obviously you on my side, you came to help me" and, that's how they see you, and you sort of can't allow that to go above what you're supposed to do, you are there to help them to speak to whoever needs to speak to them, but not to help them in any other way, whereas sometimes that's what they want, you know people want them to, like this lady, she wanted cigarettes (laughs) you know, for, for me to bring her cigarettes and um, its sort of like, you want to because you know that she's very</p>	<p>Being locked in – helpless</p> <p>At the mercy of the service provider – power dynamics</p> <p>Uniqueness of MSU</p> <p>Being forgotten</p> <p>Not treated like an equal member of staff – equal to patient – hierarchical – both let waiting</p> <p>Trapped / locked in</p> <p>Lesser professional</p> <p>No rights</p> <p>Mercy of others – power dynamics</p>
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<p>Identifying</p> <p>Need to separate</p> <p>Difficult that have to severe instant connection</p> <p>Balancing a professional relationship and maintaining some form of alliance – as refusal of connection can make work become difficult and the patient not ‘trust’ interpreter</p>	<p>not available all the time and I say and I can’t give you the number because it’s not my phone, and I’ll try to do it this way so I don’t have to tell them, you know that I don’t want to give it to you, I mean I can give it to them, but this way they’d say if it’s your phone then you could. So it’s quite difficult because like I said you, you, the first couple of minutes they see you as an alliance and then you trash that hope because you are not there to help them, you are there to help the English person, that’s how they see it straight away if you don’t want to do something for them, you know, give them your phone number or something, oh yeah! You are not my friend, you are not with me, you are with <u>her</u> and usually it’s the person who they don’t see, you know, as on their side</p> <p>88) Researcher: Mmm</p> <p>89) Irena: Because they ask them if they, you know want to go out and they say no, you can’t go out yet</p> <p>90) Researcher: Mmm</p> <p>91) Irena: So it’s quite, quite difficult because straight away it goes from, you know, liking you very much to not so much or even not liking you at all (laughs). And, like I said that sometimes that make them, they make up their mind they don’t want to talk to you or how much they want to say. So, it’s, its... But you know, at the end of the day we are there to do our job, not make friends (laughs) and that’s how I see, but obviously I never say that (laughs) because that’ll be quite rude, but er... we’re not allowed and we have to think about, you know, your own job because if you know, if the agency starts finding out that you’re giving your numbers away and they won’t be happy and you will lose your job. Simple as that. Because we’ve got it in</p>	<p>Cannot connect with patient</p> <p>Cruel – human vs machine</p> <p>Relationship with client</p>
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Balance between ally and no relationship	our contract that you are <u>not</u> allowed to keep any kind of contact with the officer or the client or other interpreter for that matter because they don't want us to talk about, you know, which I think, in a way it's a bit sad because sometimes we could share the experience but we're not allowed, we're not allowed to talk to each other, we're not allowed to meet we're not allowed to have each other number (laughs)	This is your job- professional boundaries
Breaking hope – guilt	92) Researcher: How do you feel about that?	Need for strategy to protect own emotions when dealing with relationship with client
Where allegiances lie? Patient or service provider – in the middle	93) Irena: Errr... ... I don't like that, that's, I must say I feel quite strongly about that because as long as it doesn't interfere with the job I should be allowed to keep in touch with whoever I want!	Boundaries
	94) Researcher: Mmmm	Relationship with patient
Managing balance of friend or foe...	95) Irena: You know, what if my husband wanted to do interpreting? So then what, we have to get divorced because he's going to do interpreting? Obviously he can't because he doesn't speak any language apart from English, but, er, I feel it's a little bit you know gone too far because obviously we are adults we signed the contract with them, we know what's in the contract, so if we are not allowed to meet, who, who is there to say what we're talking about. I mean actually I do meet up with one interpreter and er but she doesn't work for, for us anymore but she used to when we started become er very good friends, and I didn't feel like, why should I give up my friendship with her? I mean we even went on holiday together you know, and we we're [nationality], the same, I met one other [nationality] interpreter on the street and she just said to me something like 'Oh, you know, when are you going to [country], da da da', you know, just casual chat nothing to do with the interpreting but as it happens then they rang her with a job and she couldn't do it and they said	Stuck in the middle Models of interpreting 'sides' not triad

<p>Fear of being rude</p> <p>Governed by fear of losing job</p> <p>Rules</p> <p>Not allowed peer support – nowhere to turn to</p> <p>‘sad’ – longing for support</p> <p>laughter – hiding how difficult this is for her?</p> <p>Anger</p> <p>Treated like an object</p> <p>Not treated like humans who have relationships</p> <p>Very strong feelings about this - anger</p> <p>Treated like a machine – a machine doesn’t have relationships. – not allowed relationships with anyone – not just the client and service provider</p>	<p>‘ok, we try somebody else’ and she said ‘oh not try [interpreter name] because she’s going to [country]’ and they were like ‘oh, how do you know she going to [country]?’ so, ‘oh, I’ve seen her’ and it put me in trouble because straight away they were on the phone ‘why did you tell her you were going to [country]?’ and I say ‘why not?’ it is not a top secret, I’m going to [country]?, she’s from [country]? she ask me, have you been on holiday, what’s the weather like in [country]?, have you heard about the flooding because they’ve been flooded fifth time I think this year. You know, things like that, and they’re like, oh, no no, you’re not allowed to talk, if it happens again.... I don’t like that part of the job because I am a responsible adult and I can take responsibility for my own actions, what I say and to whom</p> <p>96) Researcher: Hmmm</p> <p>97) Irena: It’s probably more likely that I would say something you know to my husband rather than, you know interpreter when we talk on the street, you know, oh I went to that place and what a terrible experience I had in there. That, that’s part of the thing I don’t like, but I’ve told them about it, as long as it doesn’t interfere, because I told them that I meet with that other interpreter, and I said, very often, and I said she’s not working for you no more but she may coz, and I said, but I don’t feel that compromises my position, I said I’m an adult and I can keep anybody as a friend who I want to as long as it doesn’t interfere with my job there’s nothing for you to worry about..... but, no, we will see.... If she does start working for them (laughs)</p> <p>98) Researcher: Have you had any training working in forensic mental health in particular?</p>	<p>Relationships with clients and boundaries</p> <p>Authority</p> <p>Getting into trouble</p> <p>Rules of the job</p> <p>Not allowed support – not allowed to have emotional reactions</p> <p>Grievance</p>
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Repercussions from agency	<p>99) Irena: No, no, I only had the mental health interpretations, that was just one day, I think it was 8 hours training, and after that we've got like a diploma and they put us on the register for mental health interpreters so if for example, if [agency name] gets an interpreting session for mental health, I should be given priority and obviously if I can't do it they should give it to some others.... It doesn't work like that.... But it should. I mean, I don't know if it doesn't because I do quite a lot of work for, for mental health interpreting as general</p> <p>100) Researcher: Do you think any training in forensic mental health would be helpful?</p> <p>101) Irena: Hmmm, yes, because I think first time that you go there, you don't know what to expect, like I didn't, but then the agency that I worked for in [unit name] I don't think they are, you know, any good at all, you know, I never even met him, all he had from me was a copy of my passport and my CRB check, I don't even think he had a copy of that, he asked me if I had one done which I confirmed, that I think because er he has got some (laughs) insiders in erm [agency name] and I gave him my number because I told him I was looking for work and he was looking for interpreters and that's why he sort of like took them as my (laughs) reference</p> <p>102) Researcher: What, what training would be helpful do you think?</p> <p>103) Irena: Even like, you know, somebody to tell you what it's like, that it is a secure unit and you know what er er people are there for, you know, just to you know prepare you a little bit, because obviously they can't tell you every specific case but that's for people in this position or such circumstances and things because</p>	<p>Boundaries and rules</p> <p>Grievance Angry</p> <p>Restricted by rules or threat of no work</p> <p>Control / not having control</p> <p>Threatened with lose of job</p> <p>Not treated like a person</p>
<p>Finding support in family</p> <p>'terrible experience' – is she not telling me something? – wonder if she's had a 'terrible experience' but hasn't disclosed what</p> <p>Has friendships but they</p>		

cannot be acknowledged when 'professional' – if friend starts at agency either friendship is at risk or job is at risk	sometimes you know if you don't know what you're going for and it's quite difficult it's more daunting on you, you know, but then if you know, oh I'm going in there, that's what I can expect then you can prepare yourself or sometimes even say I don't really feel like I can do that	
Training	104) Researcher: Is there anything else that you think it's important for me to know, in order to understand in secure, medium secure units?	Coping strategies
Having training doesn't make any difference on whether you get jobs	105) Irena: Erm, can't think of anything to be honest (laughs)..... 106) Researcher: Erm, what's it been like talking to me today?	Worry
Uniqueness of MSU – not like anything else	107) Irena: Ah! I've found it quite, very good, I didn't know what to expect, I thought it be more answering questions but in more sort of strict way then me chatting away (laughs) 108) Researcher: Have you had any concerns or questions come up for you today? 109) Irena: Regarding this?	Training
Lack of regulation or checks	110) Researcher: Yep 111) Irena: No, no, no, no 112) Researcher: Ok. Erm, what I have got is a debrief information sheet, again, it just summarises what the study has been, is about	Lack of recognised standards

<p>Need for preparation – just an overall picture</p> <p>Not knowing makes things harder</p> <p>Knowing what to expect helps prepare and then gives the opportunity to turn it down so not blindsided when sent there</p> <p>The interview was another experience of not knowing what to expect – I’ve mirrored their experiences as an interpreter</p>	<p>113) Irena: Hmmm</p> <p>114) Researcher: I’m happy to share my results with you when I’ve done the analysis</p> <p>115) Irena: Oh yeah! I would like that</p> <p>116) Researcher: And tell you what comes up from them</p> <p>117) Irena: Mmm hmmm</p> <p>118) Researcher: And just incase anything that you’ve talked about today does leave you feeling low or upset at all, it’s just</p> <p>119) Irena: Mmm hmmm</p> <p>120) Researcher: A few places that you could</p> <p>121) Irena: Mmmm</p> <p>122) Researcher: Go to for support in that</p> <p>123) Irena: Hmmm</p> <p>124) Researcher: That’s yours to take</p> <p>125) Irena: (laughs) I think I’m quite tough skinned now, but I must say, it’s easier now that what it used to be. You know, at the beginning I was more thinking about</p>	<p>Not knowing Uniqueness – not knowing what to expect – can’t be based on other experiences</p> <p>Lack of regulation or checks</p> <p>Lack of professionalism – lesser professional</p> <p>Not knowing Need for preparation</p> <p>Uniqueness</p> <p>Impact on interpreters</p> <p>Knowing what to expect helps prepare – impact of knowing</p>
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<p>If I'd have probed whether she had any concerns or questions about anything else would something else have come up at this point?</p>	<p>what happened during the day, you know, even, even the about the person, it was playing on my mind, but now, I've probably got used to it, it don't really, I mean, it does upset me, but only during the sessions, when I'm out I'm sort like, oh, switched off.</p> <p>126) Researcher: What do you do in the session when it upsets you?</p> <p>127) Irena: No, it's like, you know, it's when, it's when you have to say it, I think it's more difficult to interpret in the first er per, first person, because it's sort of like <u>you</u> saying it, not saying she said it, but, I wanted to kill myself, it's, it's not what you want, it's not, but it's what you <u>saying</u>!! Or, or, sometimes when people lie you know, which happens very often, you know and er, or when people saying things which don't make sense and you have to say it, where it's sort of against your nature, where you fighting with yourself because its, it doesn't, its not <u>you</u>! And it's so unnatural (laughs) I don't know how to describe it but it's definitely, if you're saying something like, suicidal thoughts which you have to pass on to the English speaking person or if you're saying lots of lies which are so obvious even for the English speaking person, or when you have to say something like, especially in mental health that somebody is listening or I'm hearing, I'm hearing voices, sometimes when people are saying things which are so, for somebody who hasn't experienced any mental health problems, to say this it doesn't feel natural and it doesn't feel, obviously I shouldn't be saying that, or, or with crimes, I didn't do that, I don't feel that, but <u>I'm</u> saying it, it does make some impact on you, saying or whispering, and, and you have to try to keep the same emotions, so if she's whispering, you try to say it a little bit, obviously not whisper but not to say</p> <p>128) Researcher: Mmmm</p>	
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<p>Tough skinned – learn to cope – have to grow a thick skin to get through it – protect self ‘shield’</p> <p>Starts talking again – obviously more to say!</p> <p>First person- adds to emotional strains – becoming the client Struggle between natural urges and what has to be interpreted – difficult</p> <p>Put in position of ‘being’ the</p>	<p>129) Irena: It as loud as, as that, and that’s different, sometimes I found it, usually the interpreting session for mental health like, like those ones in [MSU name] they take over two hours, and it’s quite, quite intense</p> <p>130) Researcher: Yep</p> <p>131) Irena: Because first you have to say it word for word second because of the length third because it’s usually quite sensitive, quite serious matters and erm, it’s tiring, you know, sometimes when you come out from the session in a secure unit like you know two hours session when you had to intensely interpret word for word in a first session, say all those things which doesn’t come, you know, natural, so you have to, you come out and you want to sit down and just you know take few deep breaths because, you know, it drains you out, you know, sort of, I feel, I feel I need a break after that, I couldn’t go straight, you know like sometimes I go from one session to another</p> <p>132) Researcher: Mmmm</p> <p>133) Irena: And it doesn’t bother me, you know, I’ve been interpreting at school then I be doing speech and language therapy, then I be doing this, then I ok, just adjust what you’re doing, you know, if you’re doing a small childs speech and language therapy, if you’re doing interpreting in a college for adult education and things, it’s easy, but, in a place like that I do need at <u>least</u> half and hour just, and, and, I don’t, I try even that’s my way of dealing with that, when I come out from the intense session, I don’t go on a bus or on a train, I don’t want to be with people, I just want to walk for a bit</p>	<p>Getting used to it</p> <p>Making sense of work</p>
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<p>client but not allowed to identify as not professional</p> <p>Taking on the emotions</p> <p>MSU – long sessions and intense</p> <p>Long sessions tiring and the context of what is interpreted is more emotionally demanding</p> <p>Need time to process</p>	<p>134) Researcher: Hmmm</p> <p>135) Irena: Even if I'm walking to the next bus stop or to the bus stop afterwards, so I can, you know, reflect on that and switch off from that and just gradually you know (laughs) come down, you know, it's like, I don't know, probably like I'm on drugs or something, I, I need a little while for myself after that because I couldn't, you know, from, for example, from there I couldn't go straight to another session doing something completely different, I need a little, little while, to get back. I dunno, maybe that just my way of dealing with it, but it is very, very tense. But, I'm used to it now.</p> <p>136) Researcher: Erm, do you find that that is enough for you?</p> <p>137) Irena: Like I say, I'm used to it now..... (...pause..)</p> <p>138) Researcher: Ok, thank you</p> <p>139) Irena: You're welcome</p> <p>140) Researcher: For sharing your experiences with me, erm, I just want to check out again if there is anything that you want to comment on or erm anything else?</p> <p>141) Irena: No, I think I say it all. Thank you very much.</p>	<p>Coping</p> <p>Wanting a place to talk</p> <p>Identification stronger in first person</p> <p>Emotional impact of talking in the first person – much more in mental health settings</p> <p>Identification</p>
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<p>Other jobs – move on</p> <p>Own way of dealing with it – emotional toll of work – need time to process</p> <p>‘drugs’ – spaced out – affected – not herself</p> <p>need to be alone</p>		<p>MSU – different – longer and more intense</p> <p>MSU intense</p> <p>Find ways to process- need time</p> <p>Time to process</p> <p>Unique to this setting</p>
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<p>Seems like no it's not enough but has no choice – get used to it or don't do it</p> <p>Thanking me – has gotten something from the interview – not just 'giving' information – has taken something from it for her.</p>		<p>Time to process need to be alone</p> <p>Not herself when leaves Vicarious change</p> <p>Used to it – find own ways of coping</p>
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Appendix 12: Irena Interview Transcript

Interview commentary

Researcher 12) Enquiry about the concept of attempting to ‘detach’ herself and whether there was a specific process involved or a means of being able to do this due to Irena’s disclosure that she is “only human” and therefore it “can’t be helped”

Researcher 14) Picking up on her “can’t be helped” and wondering further about her coping strategies.

Researcher 16) Had not realised that there was now a support line supplied by the agency and wondered if my preconception (noted in my reflexive diary) that they had no support or supervision at a MSU was wrong.

Researcher 26) Querying what it was like not to know where she stands or not knowing how to react to something they are asked to do which they feel is not an aspect of their job role.

Researcher 30) Stating she was only a machine – sounded sad about this. I felt she was minimising her role and wanted to know what it was like to view herself in this way.

Researcher 42) *Reflection* I was quite struck by the support structures and led her back to it – in hindsight I should have possibly continued to allow her to lead or prompt her regarding what it was like to understand how the patient feels not being able to speak a language.

Researcher 60) Irena brought the interview back to her jobs in a MSU and my question was aimed at probing this further and attempting to explore her experiences openly.

Researcher 68) Prompt to enquire what it was like interpreting in a MSU where it is “more emotional” and “more serious”.

Researcher 70) Irena talked again about being “emotionally touched” but trying to separate her emotions. Probe into how she manages to do this and explore whether it is actually possible.

Researcher 78) Prompt to explore further her experiences of being locked in a room – her descriptions were powerful during the interview and I wanted to know what it was like for her

Researcher 80) Exploring the relationship that she had described with the patient.

Researcher 102) Asking what would be helpful to gain a full understanding of her needs in a MSU and therefore possibilities for future recommendations.

Researcher 110) *Reflection* I confirmed her question but on reflection it might have been good to think about if there was anything else in general and see what came up.

Researcher 126) Again Irena had returned to having things “play on [her] mind” despite trying to separate herself. This was a strong theme throughout the interview and this was aimed at exploring this further once again to see if it would take the interview into new territory.

Appendix 12: Irena Interview Transcript

Reflections on interview from reflexive diary – example section

This interview was different to the others, I felt that Irena was 'holding back' and it was interesting that she continued to talk about her experiences after I had started to go through the debrief information with her. It seemed that she wanted to talk about things more and I wondered if she was concerned about the impact of talking to me on her role. She seemed more concerned with promoting herself as a 'good' interpreter throughout the interview almost reassuring me that she had the patients interests at heart (asking the social worker to move rooms, upset that she couldn't help the patient detained and bring her cigarettes) yet prove that she understood her role as 'neutral' and issues of confidentiality and boundaries. She seemed more concerned about what she 'was' and 'was not' allowed to do and the consequences of 'doing something wrong' than other interviewees.

She had a strong major theme running through this about the difficulties of trying to separate her emotions yet the reality that she could not. She returned to this many times and I wonder if the interview was a means of processing this and finding some form of support and validation of her feelings.

Appendix 13: Paper Trail

List of emerging themes: Irena Interview

EMERGING THEME	LINE NUMBER
Stumbling across the job	31-38
Positives of the job	54-55, 61-62, 129-130
Being vital	62, 131, 334-346
Being replaceable	277-280, 547-548
Lesser professional	101-106, 153, 228-229
Relationship with the non English speaker	13-15, 473-479, 480-481, 492-499, 519-520, 521-522, 506-509
In the middle	178-185, 338
Taking the fall	135-138
Becoming the client but not becoming the client	189-191, 204-205, 352-353, 647-660 671-672
Being checked	176-178, 353-355
More than just language	164-169
Proving self as a professional	252-264, 266-267
Agencies not informing	287-288, 295-299, 303-306
Not being prepared	577-578, 587-592
Being in the know/part of the process	347-351
Beck and call	116-122, 213-216, 217-219, 289-295, 352, 428-431
Having rights/no rights	95-97, 101-113, 122-124, 139-145
Rules	524-525, 525-529, 545-549
Fear	323-325
Environment	420-424
In-session	664-665, 669-670
'Justifying' why	365-366, 379-380, 402-404, 425-427
Impact of parallels with personal life	412-413
"not my fault"	401, 427-428, 460-463, 471-472
Getting used to it/learning to cope	388-390, 640-643, 692-693, 697

Family support	559-561
Need to talk	80-81, 86-88
Mercy of others	94-95, 229-237, 435-439, 444-446, 450-455
Time to process	672-675, 679-681, 685-687
Protection	116
Mechanics of the job/being a machine	59, 157-159
Being human	66-67, 163
Conflict between being human but constrained by mechanics of job/ The conflict of not doing “enough”	396-397, 383-384
Human emotions as interfering with role / becoming cruel	381-384, 391-393, 463-465, 469, 470-471, 485-487

Appendix 13: Paper Trail

Emerging themes – All Interviews

Positives of the job	Living for the job
Making a living from the job	Being vital
Seen as a lesser professional	Revenge
Power	Relationship with the non-english speaker
Opinions of the English speaker and the way they do their job	Being seen as different to the English speaker
Being in the middle	Being the bridge
Taking the fall	Becoming the client
Competence / uniqueness	More than just language
Proving self as a professional	Being seen as an equal
Being assertive	Agencies not giving all the information
Not being prepared	Being in the know
Not knowing – positive	Rules
Not knowing – negative	Being at the beck and call of others
Fear of where they are	Fear of the patient
Fear for themselves	Weird environment
Justifying the clients actions	Impacts of parallels with own life
Distancing self – 'not my fault'	Learning own ways to cope
Wanting to be heard	Being at the mercy of others
Need for protection	Not being protected
Being seen as a machine	Seeing self as a machine
Having thoughts/feelings	Conflict between being a machine and being constrained by mechanics of the job
Human emotions as interfering with the job	Stumbling across the job
Pragmatic reasons for being an interpreter	Being replaceable
Services not informing what is happening	Feeling under threat
Others being in the know, them in the dark	Not identifying the non-english speaker as a 'person'
Family support	Need to talk to someone
Having time to process	Being prepared
Training abroad vs UK	Bringing a grievance
Disclosure of something personal	Being 'checked' up on
Abiding to rules	In-session differences
Support from friends	Relationship with the service provider
Teaching self	Solace in helping people
Interview as a place to be heard	Telling me how good they are at their job
In-session	Difficult to block emotions
Lack of knowledge of the interpreter	Pragmatics of needing to speak English
Job suggested by another	Being needed
Displaying competence	Relationship with English speaker
Supposed neutrality	Blocking emotions
Being checked	Going in blind
Fear of getting into trouble	Being locked in
Being forgotten	Lack of regulations for interpreters

Appendix 13: Paper Trail

Initial clustering of themes – All interviews

Wanting to talk Impacts of parallels of own life Wanting to be heard Family support Need to talk to someone Bringing a grievance Disclosure of something personal Support from friends Interview as a place to be heard	Being a machine vs being a human Relationship with non-english speaker More than just language Fear for themselves / feeling under threat Defence mechanisms Being seen as a machine Seeing self as a machine Having thoughts/feelings Conflict between being a machine and being a human Constrained by mechanics of the job Human emotions as interfering with the job Difficult to block emotions
Knowing / not knowing Agencies not informing Not being prepared Being in the know Not knowing – positive Not knowing – negative Services not informing Others in the know, them in the dark Lack of knowledge of the interpreter Going in blind Fear of getting in to trouble	Being an interpreter Positives of the job Living for the job Power Need for protection Learning own ways to cope Stumbling across the job Pragmatic reasons for being an interpreter Training abroad vs uk Training Solace in helping people Pragmatics of needing to speak English Job suggested by another
Being a service Seen as a lesser professional Revenge Being vital / being needed Taking the fall Being seen as an equal Being checked up on Rules Beck and call of others Not being protected Being replaceable Supposed neutrality Lack of regulations for interpreters	Proving themselves Competence / uniqueness Proving self as a professional Being assertive Teaching self Telling researcher how good they are Being checked
Relationships Relationship with non-english speaker Being different to the service provider / non-english speaker Being in the middle Being the bridge Becoming the client Fear of the patient Being at the mercy of others Non-identification of the non-English speaker as a person Relationship with service provider/English speaker	MSU Weird environment In-session differences Being locked in Alarms Being forgotten

Appendix 13: Paper Trail

Second clustering of themes – all interviews

Lesser professional Being seen as a machine Training abroad vs uk Seen as a lesser professional Beck and call of others Not being protected Being replaceable Training Being at the mercy of others Relationship with service provider/English speaker	Being a professional Being vital / being needed More than just language Seeing self as a machine Learning own ways to cope Lack of regulations for interpreters Mechanics of the job Competence / uniqueness Proving self as a professional Being assertive Teaching self Telling researcher how good they are Being checked
Being a human / 'Catch 22' Having thoughts/feelings Fear for themselves / feeling under threat Conflict between being a machine and being a human Human emotions as interfering with the job Difficult to block emotions Supposed neutrality	Differences between MSU and other settings Agencies not informing Not being prepared Being in the know Not knowing – positive Not knowing – negative Services not informing Others in the know, them in the dark Going in blind Need to talk to someone Weird environment In-session differences Being locked in Alarms Support from friends Interview as a place to be heard Family support Need for protection Rules
Relationship with non-english speaker Relationship with non-english speaker Defence mechanisms Impacts of parallels of own life Relationship with non-english speaker Becoming the client Fear of the patient Non-identification of the non-English speaker as a person	

Appendix 13: Paper Trail

FINAL MASTER THEMES AND SUBTHEMES

Setting the Scene: Medium Secure Forensic Mental Health Units - MSU	Where? Why?
	Unique Practicalities of a unique setting
	The 'need to know' gap
	Post session processing
	Overall, it might be normal for you, but not for us!
Unrecognised Professional Identity	You're just an interpreter – Shut up!
	A bit like I'm not worth protecting
	Most of the time I feel like a voice machine
The MSU Interpreters: A Superior Professional Excellence or Mere Mortals?	The Cream of the Crop
	You need my professional services to be able to provide your services
	Because translation is not just about the words
'Catch-22'	Part one: Emotions = unprofessional
	Part two: Adhere to others expectations
	Part three: See's self as a machine – denies personhood
	Part four: Denial of personhood is impossible
The MSU interpreter and the MSU patient	'An Ally'
	In-session Relationship
	Making Sense of the Offence

Working In Medium Secure Forensic Mental Health Units



‘MSU’

Information for Interpreters

What is a Medium Secure Forensic Mental Health Unit (MSU)?

Forensic mental health services provide care for individuals who have committed an offence, pose a significant danger to the public, and / or themselves, and have a serious mental illness.

A forensic mental health hospital offers **therapeutic treatment** to the patients detained inside. Unlike a prison, they are not centred on punishment.

The Department of Health define a medium secure forensic mental health unit (MSU) as providing “a safe clinical and therapeutic environment for patients who may present a serious danger to others and to themselves but do not need the physical security arrangements of a high security hospital” (p. 7).

MSU’s provide the second tier of secure care services in the UK, and both the NHS and the independent sector provide medium secure forensic mental health beds.

There are currently around 65 MSUs in England, and although different in design, they each meet specific criteria in environmental design and security measures.

The MSU Environment – What should I expect?

The MSU environment encompasses several very unique and distinct security measures.

They have a defined perimeter with a 5.2m fence surrounding the entire unit.

Access to the unit is **only** via a reception area by at least one door that is controlled by the reception staff.

There is a secure locking system in place, which is either manual (keys), electronic, or magnetic. A member of staff who has the ability to access and open all the necessary doors (which can be numerous) will be assigned the task of escorting you from the reception to the ward area. The windows within the unit are only capable of opening to a specific width.

Personal Belongings

Upon arriving at the MSU, either the reception staff or the ward staff member who has been assigned the role of escorting you from the reception area to the ward, will provide you with a list of 'banned items' that cannot be taken into the unit. Such items often include; mobile phones, plastic bags, tin cans (e.g. a drink can); cameras, and any sharp items.

Within the reception area there will be safe and secure personal lockers where you can store any items you may possess that appear on this list. These lockers will have an individual key, which may remain on your person so that upon leaving the unit, you may retrieve your belongings. In the off chance that you are unable to locate such lockers, please ask a member of the reception staff for further guidance.

Security Measures and Personal Safety

Before you enter the unit you will be issued with a personal alarm. If you are not given an alarm, please ensure that you insist on being issued one prior to leaving the reception area. The alarms are precautionary, and you should never be left unattended whilst you are inside the unit. If you find yourself left unattended, you **must** report this to the nurse in charge to ensure that this is flagged up in the appropriate manner.

There are two potential types of alarm that you may be given.

A 'screamer' alarm

This is an alarm that you attach to your clothing. Should you feel that your personal safety is in any way compromised, pull the cord on the alarm to release the stopper. The alarm will make loud noises, which will alert the members of staff in the vicinity. These staff will then come to where you are to see what the problem is.

An integrated alarm

This is the standard alarm that you will see attached to every member of staff inside the unit. Should you feel that your personal safety is in any way compromised, you must immediately activate this alarm. When this alarm is activated you may or may not hear any alarm sounds ringing. These alarms are remotely linked to an internal system. Several members of staff carry 'pagers' on their person. If one of these alarms is activated several members of staff will be alerted on the pager and will immediately respond to the area in which you are in.

It is important to remember that these alarms are precautionary and the full-time members of staff working within the unit will protect your personal safety.

Forensic Mental Health Act Sections

Section 35

An individual is placed under a Section 35 because a Court of Law has decided that they would benefit from spending time in hospital so that their mental health needs can be assessed. It lasts for up to 28 days and it can be extended, but for no longer than 12-weeks in total. During the individual's time under this section the senior doctor on the ward will decide whether s/he has a serious mental health problem or not. In all cases the individual will need to go back to Court.

Section 36

An individual is placed under a Section 36 because the Crown Court dealing with their case has decided that they need treatment for a serious mental health problem. It also lasts for up to 28 days and it too can be extended, but for no longer than 12-weeks in total. The senior doctor on the ward will provide an individual detained under a Section 36. In all cases, the individual will need to go back to Court.

Section 37 (without restrictions)

If a Court of Law (on the advice of two doctors) has decided that instead of going to prison, the individual would benefit from going to a hospital to receive treatment for a serious mental health problem the individual will be placed under a Section 37. Typically, a Section 37 lasts for up to six months, but it can be extended should the senior doctor on the ward decide that more time is needed for treatment.

A Section 37 *without restrictions*, means that the senior doctor on the ward can end the Section 37 if s/he feels that the individual is ready to be discharged.

Section 38

If an individual is placed under a Section 38, it means that a Court of Law has convicted him/her of a particular offence, but has not yet decided on their sentence. This delay is because two doctors have advised the court that the individual needs to be treated in hospital for their serious mental health problem.

This section lasts for up to 28 days, but can be extended, but never for more than a year in total. The senior doctor on the ward will monitor how the individual is responding to treatment and then advise the Court on what they think should happen next. The individual may then be placed under a Section 37 or be sent to prison.

Section 37/41 (with restrictions)

If an individual is placed under a Section 37/41 of the Mental Health Act, it means that the Crown Court has decided that (on the advice of two doctors) instead of going to prison, s/he would benefit from going to a hospital to receive treatment for a serious mental health problem. The judge will have decided that, because of concerns about public safety, s/he needs to be placed under both Section 37 and also Section 41.

The Section 41 (*often called a Restriction Order*) means the Secretary of State decides when s/he can be given leave and when s/he can leave hospital.

Section 47

If an individual is placed under a Section 47, it means that s/he is a sentenced prisoner. On the advice of two doctors, the Secretary of State decided that s/he needed to spend time in hospital to have treatment for a serious mental health problem. When the treatment finishes s/he will go back to prison. Most people under this section are also under Section 49, which means the Secretary of State decides when they must return to prison.

If the individual is in hospital when their prison sentence ends, it does not mean that they are free to leave. This is because the Section 47 changes to what is called a '*notional*' Section 37. If this happens, the doctor in charge of their care and treatment decides when they can leave hospital.

Section 48

If an individual is placed under a Section 48 it means that they are a prisoner who is waiting to be sentenced. On the advice of two doctors, the Secretary of State decided that they needed to spend time in hospital to have treatment for a serious mental health problem. In most cases they will return to court for final sentencing. Most people under Section 48 are also under section 49.

Do I need to bring anything?

It is important that you are able to provide photographic identification. This could be in the form of a work ID badge, driving license or passport. It is advised that you wear your work ID badge if you have one.

It is also important that your clothing possesses a means by which your personal alarm can be attached to you. This might be a waistband of a skirt or trousers. If you are unsure if an alarm could be attached to your clothing, it is advisable that you bring a belt with you, as there are not always enough spare belts at the reception.

What type of interpreting jobs might I be asked to attend in a MSU?

Because a MSU incorporates several types of care for an individual detained inside it may be that you are asked to complete a wide variety of different jobs.

Within the unit, jobs may include, amongst others:

- Legal meetings with Solicitors
- Ward Rounds
- Therapy or Psychology Sessions
- Occupational Therapy sessions
- Therapeutic Groups
- Meetings with Second Opinion Doctors
- Relaying of important information such as reading the patient their rights and obtaining their signature

If you have worked with a patient on several occasions, you may be asked to attend Court Hearings.

Pre-session information, Post-session information, guidance and advice

Interpreting in a MSU may involve you hearing and communicating some quite difficult and distressing information. It is important to know that the patients in a MSU often have had histories of trauma as well as committing what is often a violent offence. It may be that your job within this unit will not involve hearing or knowing about their histories or offending behaviour. However, it is important that you are aware that these are issues that may well come up in the job you undertake. Therefore, it is fully recommended that you obtain a pre-session brief so that you are aware of any potentially distressing information you might hear and be asked to communicate. For example, it is advised that you ask under which Section the patient is detained.

During and following a session it is **very common** to experience a strong emotional reaction to the material that you have heard. It is important that you discuss this with the member of staff following the end of the session. Should the staff member not offer you this time, please ensure that you request such de-brief should you require it. Sources of support and comfort are provided at the end of this information booklet should you feel that you require further support.

It has been reported that immediately following a job in a MSU, several interpreters do not feel that they can attend another job. It is important that you consider this when booking other jobs.

Overall, it has been reported that some interpreters feel that they would rather not undertake a job in a MSU (this is true of other professionals also including nurses, psychologists, and doctors). This is an acceptable choice, and if you feel that you are not comfortable working within such settings, please advise your agency manager so that they can be aware of your decision.

Sources of Comfort and Support

If your experiences in a MSU have left you feeling low or upset, it is quite normal and should pass within a few days. However, if these feelings persist there are local sources of support and comfort, which may already be familiar to you.

1. The most immediate sources of comfort and help are likely to be your own family and friends.
2. Should you continue to experience any discomfort or distress following working in a MSU, it is recommended that you speak to your GP.
3. Alternatively, there are also a number of national organisations who can also offer you support.

For example:

Samaritans - Romford:	01708740000
Ilford	02085539900
Leyton	02085209191
Support Line -	01708765200
MIND -	01708457040
Havering	
Tower Hamlets & Newham:	02075101081

Appendix 15: Proposed Example Extended Guidelines for MSU Service Providers

Working with interpreters in a Medium Secure Forensic Mental Health Setting: Guidelines for Service Providers.

The role of the interpreter is demanding and complex. Literature has long highlighted that the work of an interpreter is not simply that of a conduit. They are susceptible to vicarious trauma, burnout, and emotional distress [see the BPS Guidelines for Psychologists Working with Interpreters (Tribe and Thompson 2008)]. The following guidelines relate solely to service providers working with interpreters in a Medium Secure Forensic Mental Health Setting.

1. The booking form should contain information pertaining to the particular context in which the interpreter is being asked to interpret information e.g. a Ward Round, Legal Meeting, Court, or Therapy Session.
2. The booking form should clearly state that the unit is a Medium Secure Forensic Mental Health setting.
3. The interpreter should be presented with an information booklet on working in a Medium Secure Forensic Mental Health setting.
4. The interpreter should be **fully** briefed **prior** to entering the unit with regard to:
 - a. The use of keys, and the locked environment of the unit.
 - b. Alarms: what they are for; how to use one; and what will happen in the event that they raise an alarm.
5. The interpreter should **never** be left unattended.
6. The interpreter is equal to a member of the MSU staff and should be treated accordingly.
7. A safe place for the interpreter to wait should be provided.
8. The interpreter should be **fully** briefed with regard to what is expected of them in the session, and also regarding the possibility that distressing or traumatic material may be discussed. If distressing and traumatic material **is** to be discussed, the interpreter should be fully informed of all details so that they are aware of what they will be asked to interpret prior to them having to interpret it.
9. The interpreter should be **fully** debriefed, giving them the opportunity to raise any concerns they may have or distressing emotions they might have experienced. In the case that the interpreter has experienced any distressing emotions, these should be validated and discussed sensitively.

Note: These guidelines have been created as a proposal of **additional** guidelines for working with interpreters in a MSU that should be viewed as an **extension** to the BPS Guidelines for Psychologists Working with Interpreters created by Tribe and Thompson (2008). They are not proposed to be 'stand alone' guidelines.